Lectures ON DISEASES OF THE NOSE.

Delivered at the London Hospital Medical College,

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LECTURE I.

(Reported by Dr. GORDON HOLMES.)

GENTLEMEN,—Owing to its accessible situation, and the troublesome symptoms to which it often gives rise, polypus of the nose was one of the first growths which attracted the attention and employed the pens of the ancient physicians. Nearly five centuries before the Christian era observation had made such advance that Hippocrates[1] was enabled to distinguish, though only empirically, five varieties of the disease, and to make many valuable suggestions as to the appropriate treatment of different cases. He speaks of all nasal growths under the common name of "fungus" (*μύκης*); but from the manifest resemblance in shape, they were also generally termed "figs" (*σῦκον, ficus*) both by Greek and Latin authors.[2] The word "polypus," however, came into early use among the Romans, and is employed both by Celsus and Galen. Moreover, it may be mentioned that the disease was popularly confounded with ozæna.[3]

As Gruner[4] observes, most of the examples of polypus are in the vicinity of the natural openings of the body; and Meissner,[5] writing in 1820, went so far as to state that such formations were never found in the heart or great vessels; pathological observations have, however, proved the latter view to be a complete fallacy. No morbid growths, except those situated in the nose, seem to have been known to the ancients;[6] and as late as the beginning of the seventeenth century the term "polypus" was still wholly restricted to that formation in the nose, as may be seen from the statement of Glandorp,[7] that "not every fleshy excrescence is to be considered a polypus, but that only which occupies the nares."

With respect to the causes of intra-nasal growths, most of the early writers had generally a vague idea that they were developed by the inspissation of mucous supersecretion, the result of a catarrhal condition, or of an overflowing of the humours of the brain.[8] No fact, however, was recognised sooner than the quasi-malignant nature of many new formations of the nose,[9] as well as the risk of adopting heroic measures for the cure of anything of a cancerous nature. Thus Hippocrates lays down the rule: "All tumours in which there is an occult tendency to become malignant had better not be subjected to active treatment, as in such cases the patients quickly perish, whereas when left alone they live on for a considerable time."[10]

As regards the classification of intra-nasal growths, they present many characteristics which enable us to differentiate them empirically, after the manner of the ancients—viz., according to their situation, shape, colour, consistence, or with respect to their being pedunculated or sessile, smooth or rough on the surface, painful, ulcerated, or covered with varicose veins, &c.[11] In modern times morbid growths are divided pathologically, according to their composition and microscopical structure; and it is also necessary for therapeutical purposes to separate them again into two great classes—viz., benign and malignant. It must, however, be remarked that all tumours of the nares have a great tendency to recur after removal, and when they do so recur, they occasionally take on malignant action. The same observation holds good with respect to tumours, which, commencing in the nose, attain to such a size as to perforate their bony environs and encroach on other cavities in the vicinity, such as the cranium and orbit. When malignant disease occurs in childhood, it very often originates in the naso-pharyngeal cavity, the cranium, or orbit; whilst in adult life typical cancer rarely commences in the nose—malignant growths in that situation being usually examples of recurrent sarcomatous, fibroid, or other tumours.[12]

Mucous Polypus being the typical growth which occurs in the nose, I propose to treat it first, and with some completeness of detail; leaving the other forms of polypus, which are much rarer to more superficial consideration.

Etiology.—The mucous or common polypus of the nose occurs more frequently than all other intra-nasal growths combined. It is found chiefly in adults, not often being met with before the age of puberty, and it is also more common in males than females. It is doubtless excited by repeated inflammatory attacks, and the large and sometimes numerous pendulous growths are but local exaggerations of a general hypertrophic condition of the pituitary membrane. As, however, polypi do not invariably arise in cases of chronic nasal catarrh, various writers have searched to find some other element as the immediate determining cause of their production. Thus Gruner[13] and Pott[14] attribute their origin to such influences as heridity, struma, lues venerea, miasma, suppressed menstruation,[15] &c. Occasionally polypi seem to arise from mechanical irritation, such as may be produced by foreign bodies, and a case is related in which the nucleus of a polypus was formed by a splinter of wood.[16]

Symptoms.—The primary symptoms arising from all nasal tumours in an incipient stage of formation are neither distinctive with respect to the different classes of growths, nor, in fact, distinguishable subjectively from those of chronic rhinitis. The patient suffers from a persistent cold in the head, with the usual concomitants of discharge, sense of fulness, and sometimes slight pain in the nose and frontal region, together with a partial and variable occlusion of one or both nostrils. When, however, the polypus, single or multiform, attains a sufficient size to block up completely the nasal channel on either side, the sufferer usually becomes persuaded of the presence of a tumour. As mucous polypi are generally pedunculated they frequently hang free in the nasal cavity, and hence give the sensation of something moving backwards and forwards during respiration. For the same reason these growths occasionally display a valvular arrangement, and, as the case may be, oppose the ingress or egress of air through the nares, and they can sometimes be protruded by a voluntary effort through the anterior orifice of the nostril. When both nostrils are obstructed, the patient is of course compelled to breathe both sleeping and waking with the mouth open; the voice acquires a nasal intonation, and the senses of smell and taste become more or less vitiated or annulled. Should the growths press backwards into the pharynx deafness may arise from closure of the outlet of the Eustachian tube, whilst lachrymal abscess, epiphora, or mucocele of the lachrymal sac are the usual results when the anterior increase of the polypus leads to compression of the nasal duct. All the mechanical symptoms are greatly aggravated in damp weather, the pathological constitution of this polypus giving it a hygrometric character, which renders it a ready absorbent of moisture; when the baro-

[1] De Morbus, lib. ii., sect. 33.
[2] Gruner: De Polypis in Cavo Narium Obviis, p. 2. Lipsiæ, 1825.
[3] See Horace, Epodon, 12, In Anum Libidinosam.
[4] Op. cit., p. 4.
[5] Üb. d. polypen in d. verschiedn. Höhlen d. Menschl. Körpers, p. 340. Leipzig, 1820.
[6] See Galen, Com. Pharmac., lib. iii.; and Paulus Ægineta, lib. iv., cap. 25.
[7] Tractatus de Polypo, cap. vii. Bremen, 1628. In the following remarkable sentence Glandorp epitomises the observations and opinions respecting polypi of the medical writers from Hippocrates to his own time, the various statements being verified by reference to nearly fifty authorities. "Polypus itaque caro est tumida, inæqualis, membrasulatecta, in narium partibus contra naturam a causa vel interna vel externa orta, earum porum nunc unum nunc ambos simul obstruens, polypi piscis carni haud dissimilis, modo alba, modo subrubra, vel mollis vel dura, dolens et non dolens, interdum cum hæmorrhagia, non raro etiam sine ea, in principio exigua, paulatim vero ita accrescens, ut nunc per foramina palati ad fauces dependens, nunc extra nares propendens, nunc in cavitoti duntaxat permanens, externas quoque nasi partes tumidas reddens, respirationem impediat tantum, quo segri blauti ori cogantur dormire serumque per ipsum os cum maxima difficultate attrahere; insuper et mortem inferens." Cap. ii.
[8] Ibid., cap. ix. [9] Ibid., cap. x. [10] Aphorismi, 38, s. 6.

[11] See Hippocrates, De Morbis, l. ii., sect. 33; and Levret, Observations sur la Cure Radicale de Plusieurs Polypes, &c., p. 209. Paris, 1749.
[12] Spencer Watson, Diseases of the Nose, &c., p. 289. London, 1875.
[13] Op. cit., p. 21.
[14] Chirurgical Observations, &c., p. 44. London, 1775.
[15] Blackburn, London Med. Journ., vol. ii., p. 123.
[16] Meckrenii Observat. Medico-Chirurgicæ; apud Gruner, op. cit., p. 23.

meter sinks low the law of osmosis causes a considerable increase in the size of the growth.

With respect to the discharge which accompanies this class of new formations, it generally consists of a thin, watery mucus; whilst true ozæna is seldom, if ever, present, at least as a consequence. The fluid which comes from the nose is never persistently sanguinolent, although occasional attacks of epistaxis occur.

On rhinoscopic examination the mucous polypus, when visible, is seen to be a translucent tear- or pear-shaped body, of a pale-yellow or greenish colour. The surface is smooth and shining, and, when touched lightly with a probe, dimples through its elasticity, and returns at once to its former shape. As Gruner[17] remarks, the larger the size to which they attain, the more they recede from their characteristic pyriform outline, as they are easily moulded by the unyielding structures which confine them on every side. In some cases the growth cannot be seen at all from the front, but can easily be viewed by the aid of posterior rhinoscopy. In other instances an unfavourable anatomical configuration of the parts, or great irritability of the pharynx, may render it impossible to gain any information from the use of the mirror. Under such circumstances we may explore the posterior nares by passing the fore or little finger round the soft palate into either choana. In all cases a probe, straight or curved, should be used, as by this means we can best ascertain the mobility and exact point of attachment of the tumour. These polypi are usually multiform, and most frequently hang loosely in the nasal cavity, being suspended by a narrow pedicle from the upper or middle turbinated bones. It is thus that gravitation, acting on the semi-fluid contents, determines the characteristic shape. These polypi occasionally spring from the floor of the nose, where they are generally sessile, but it is almost unknown for them to grow from the septum. In some instances a single body is found to be attached at several different points to the contiguous walls of the nares,[18] but no doubt all but one of such roots are the result of adhesions contracted during the increase in various directions of the polypus. Pressure and friction occurring between the sides of the new formation and the mucous membrane causes slight ulceration, which, as it subsequently heals, terminates in the union of the opposed surfaces.

Diagnosis.—Anyone who has once seen and examined a mucous polypus will scarcely be liable afterwards to make a mistake in the diagnosis of such a growth. The softness, elasticity, mobility, and pale translucent appearance, contrast strongly with the hardness, opacity, fixedness, and deeper red colour of other tumours. In addition to this, fibroid, sarcomatous, and malignant formations usually bleed when even gently touched. Cartilaginous and osseous growths are so heavy and dense, and offer such a sense of resistance to the probe, that the practitioner can seldom hesitate for a moment as to their real nature. The probe will also enable us to distinguish the chronic thickening of the mucous membrane covering the inferior turbinated bone so often met with in scrofulous children from a polypus. In the former case the absence of any narrow pedicle, the consistence, and the gradual blending of the excrescence with the structures around its base, will eliminate every source of error. Mr. Spencer Watson[19] mentions mucous distension of the ethmoidal cells as being likely to simulate a mucous polypus, and illustrates his remarks by the description of two specimens in the museum of St. Thomas's Hospital. Such a tumour, however, is hard and resistant, and on puncture would yield a discharge of pent-up mucus. The possibility of the existence of such rare conditions as abscess and blood-tumour of the septum must also be borne in mind.[20] It is almost superfluous to caution the intelligent practitioner against mistaking the deformity caused by dislocation of the septum for a mucous polypus.

Pathology.—It is to growths of this class that the term "polypus" should be restricted, as they alone, with the exception of occasional examples of fibromata, possess the pedunculated base, translucent, gelatinous constitution, and ciliary coverings, which render the name so apt. Moreover, although sometimes single, they are most frequently multiple, like the colonies of their prototype. The external investment of these polypi is usually composed of ciliated epithelium, and beneath this outer layer will often be found a number of tortuous bloodvessels. The bulk, or body, of the growth is generally made up of loose connective tissue, the interstices of which are filled up with a varying amount of mucin. The tumour owes its characteristic appearance to this latter constituent, which not unfrequently occupies almost the entire cavity formed by the epithelial covering. Occasionally a large proportion of glandular tissue enters into the composition of the polypus, and may even predominate to such an extent that the formation appears to consist almost entirely of hypertrophied muciparous glands. Considerable variation may indeed be sometimes observed in the minute structure of these polypi; and, as Billroth[21] points out, they may be found to belong anatomically to any one of four closely allied classes of growth—viz., pure adenomata, adenosarcomata, œdematous sarcomata, or myxo-sarcomata. It must not be inferred from this nomenclature that the mucous polypus has any similarity in composition with the so-called adenoid vegetations, which are histologically totally distinct. It may here be remarked that the intranasal growth, commonly known as "sarcoma," is a lardaceous tumour, sometimes apparently a degenerate stage of the mucous polypus, to which it occasionally succeeds when the latter proves recurrent and has been frequently removed. It may thus be seen that sarcoma forms the connecting link between the benign and malignant formations.

Prognosis.—As Pott[22] observes, "The polypus is a complaint which is always troublesome, frequently painful, and sometimes hazardous." The same writer[23] remarks, though rather indefinitely, that "the kind which springs from the ossa spongiosa most frequently grows again." When a mucous polypus is carefully evulsed close up to its attachments, the chances of its re-formation are not very great. According to my own experience, about one in seven recur. As, however, in the case of recurrent growths there is always a possibility of malignancy, proportionate to the rapidity with which they increase in size, our prognosis must be guarded until lapse of time has given undeniable proof that the patient is absolutely cured of his malady.

Treatment.—As soon as the existence of a polypus has been ascertained, it is advisable at once to effect its removal by some means, as delay only renders extirpation more severe and difficult. In the case of mucous polypi we may find it advisable or necessary to follow any one or more of five different courses of treatment—viz., the application of drugs, manipulation, galvanic cautery, evulsion, or enlargement of the outlets of the nasal cavity.

1. *Application of drugs.*—This, as may be supposed, was one of the primitive methods of getting rid of polypi.[24] It is, however, of no value except when the growths are very small and when they can be easily reached by the remedies employed. Small polypi may be painted frequently with strong astringent solutions (Pigmenta, T. H. Ph.), and chloride of zinc or perchloride of iron is well adapted for this purpose. The author has found the best results from the use of the latter salt mixed with just sufficient water to form it into a thick paste. Bichromate of potash[25] and nitrate of silver have also been tried frequently, with more or less success. Mr. Bryant[26] thinks highly of the insufflation of finely-powdered tannin into the affected nostril. Rauchfuss' insufflator is a good instrument for making this application. Another remedy of a different kind is that introduced by Primus of Babenhausen[27]—namely, the saffronised tincture of opium of the Prussian Pharmacopœia. If the growth be painted several times a day with this liquid, in about a week or ten days the polypus, under favourable circumstances, becomes shrivelled up and falls from its attachments.[28]

2. *Evulsion.*—Of all the methods this is by far the readiest and the most generally adopted, although the injudicious application of it has occasionally led to its being decried.[29]

17 Op. cit., p. 13.
18 See a case described by Nessi, Unterricht in d. Wundarz, Bd. ii., p. 42. Leipzig, 1790. Also Meckel: Path. Anat., pp. 304, 311, 313.
19 Op. cit., p. 72.
20 See Mr. Fleming's remarks on "Blood-tumours and Abscesses of the Septum" in the Dublin Journal of Medical Science, vol. iv., p. 16.
21 Surgical Pathology and Therapeutics, p. 616. Trans. by Dr. Hackley.
22 Op. cit., p. 44.
23 Ibid, p. 54.
24 See Hippocrates, De Affectionibus, sect. 6.
25 Sydenham Society's Year-book, 1863, p. 467.
26 THE LANCET, Feb., 1867, p. 235.
27 Hartenkeil's Medico-Chirurg. Zeitung. Salzburg, 1821, p. 53.
28 See two cases, loc cit.
29 See a work by Dzondi, entitled Ergo Polypi Narium nequaquam Extrahendi. Halæ, 1830.

It has the disadvantage of being often extremely painful, and is commonly supposed to give rise to copious and even dangerous hæmorrhage. My own experience, however, concurs with that of Pott,[30] as I have never met with cases where the treatment gave rise to serious bleeding; on the contrary, if the hæmorrhage did not soon cease spontaneously, it was immediately subdued by the use of the ordinary hæmostatics.

(a) In my opinion, no method of removing mucous polypi is equal—in simplicity, certainty, and rapidity—to evulsion by means of forceps. This practice, which seems to have been introduced by Arantius[31] towards the end of the sixteenth century, has, since that time, found more favour with surgeons than any other measures for operating on these tumours. Unfortunately its great success and facility of execution have often led practitioners to suppose that the proceeding was equally applicable to all intra-nasal growths, wherever situated, and whatever the nature of their attachments. Acting on such premises we find surgeons increasing the size and leverage of their forceps, and adapting them by suitable curves for introduction either by the nostril or through the mouth, as if no more consideration were necessary in the efficient practice of the operation than to seize every nasal tumour with tenacity, and wrench it away with violence.[32] The consequences were often deplorable, and we learn from Pott[33] that the tearing away of the septum, or the greater part of the palate bones, was a not infrequent accompaniment of the extraction of polypi by such inconsiderate surgery.

The instrument which I have found most generally useful is a modification of my crushing laryngeal forceps, more slenderly made, and with shanks curved so that the handles do not obstruct the operator's view. A pair of slender forceps, however, with well serrated blades, slightly curved, and not much larger than an ordinary pair of scissors, often answer well. If the growth is of moderate size, and a good view of it can be obtained from the front, the nostril may be kept open with Fraenkel's speculum, and the pedicle easily seized. The base of the growth should first be well twisted backwards and forwards, and then torn out. It is advisable always to make the twisting of the peduncle the first step of the extraction, as by this means the deep attachments of the tumour are more likely to be torn completely out. When the polypus is situated far back in the nasal channel, the speculum will be of no service, but we can command the growth by passing the forefinger of the left hand round the soft palate into the posterior nares. The forceps introduced from the front, as before, can then be guided so as to obtain a good grasp of the peduncle, and the rest of the operation remains as above described. When the polypus is very large, and attached at several different points, it may be extracted in successive portions, or we may resort to the expedient devised by Richter,[34] of using an instrument made somewhat after the pattern of midwifery forceps. In this way we can adjust one blade into position, and then introduce the second, when both can be locked together and a secure hold taken of the tumour. In rare cases we may even have recourse to some of the leviathan forceps forged by Thomas Whately,[35] to which some reference has been made above. The structure of a mucous polypus is usually so soft and tender that it breaks down and tears under the influence of a very moderate degree of traction. On this account, the method followed by Dzondi,[36] of drawing the growth forwards, so as to put the peduncle on the stretch, with one pair of light forceps, and then with another pair squeezing and bruising the root of the tumour as close as possible to its attachments until it gives way, is sometimes practicable, although the advantages of such a proceeding are not obvious. The inventor, however, claims for his device that it ensures a perfect freedom from all danger of recurrence of the growth, as the deep attachments of the growth are by this means entirely uprooted.

(b) The evulsion of polypi, by snaring them in a noose of string and then employing traction, was no doubt constantly practised at a date anterior to Hippocrates.[37] The instrument invented by Mr. Hilton is the modern modification of this rude method, and may often be employed with advantage. In using this snare the polypus is embraced as near as possible to the base of the pedicle by a loop of wire, which is then drawn home and tightened by means of a cross-piece sliding on the stem of the instrument. Sufficient force is then applied to tear the growth from its attachments. The difficulty consists in getting the loop of wire over the body of the tumour and well round the peduncle. This object may occasionally be effected by the aid of a small blunt fork, which, being passed into the nostril, can be made to direct the loop over the thick extremity of the growth. Mr. Durham[38] has used Mr. Hilton's snare extensively at Guy's Hospital with remarkable success. It does not occasion much pain or hæmorrhage; the growth in most instances is very completely extracted; and, of course, after a little practice, the operator becomes skilful and expeditious in applying the wire. When the polypus is situated near the pharyngeal end of the nasal channel, we may have recourse to the use of Bellocq's cannula, as first suggested in such cases by Waldenburg.[39] A stout silk thread should be fastened to the extremity of the cannula, and passed into the pharynx in the usual way. One end of the thread being retained in the mouth, the sound is withdrawn. The wire of the snare is then attached to the string hanging from the nose, and, by means of the string projecting from the mouth, is drawn to the back of the nares behind the polypus and pushed well over its body with the assistance of one of the fingers introduced through the mouth.

Anæsthetics are often required during these operations, especially in the case of delicate women. The surgeon, however, is in a more advantageous position when he has to deal with an individual who is able to submit to the treatment without having recourse to such remedies. The patient can, indeed, when the hæmorrhage is considerable, render a good deal of assistance to the operator by clearing the nasal channel and preventing any blood from descending into the air-passages. On the other hand, when the patient is unconscious threatening suffocation often renders it necessary to suspend treatment, and take steps to restore animation.

3. *Galvanic cautery.* — Dr. Thudichum[40] has removed polypi by this means, and although the proceeding is only practicable in a limited number of cases, and can never come into general use, the invention possesses advantages, and must occasionally prove extremely valuable. The polypus is encircled by a wire loop, which is made red-hot by being connected with a galvanic battery, and the substance of the growth can then be burnt straight through. The operation is attended with little pain, and there is no risk of hæmorrhage, but as the wire can rarely be adjusted to the pedicle of the tumour, and as no traction is made which would be likely to draw away the polypus by its roots, the growth has generally to be removed in slices. Thus, in one of Dr. Thudichum's cases the wire had to be introduced forty-five times, and in another thirty-three times, before the whole of the formation could be got away.

4. *Manipulation.*—Professor Gross[41] has lately revived a method of extracting polypi first practised by Morand.[42] One finger is passed into the posterior nares, and another into the nostril in front, when the growth is pushed alternately backwards and forwards so as to exert as much strain as possible on the pedicle, which ultimately gives way under the process. As the cases are rare where this operation could be put into execution, it can only be looked on as an expedient to which recourse may be had when accidental circumstances render its application preferable and facile.

5. *Enlargement of the outlets of the nasal cavity.* — Cutting operations are very seldom necessary for the extraction of mucous polypi, and Dr. Thudichum's plan of dilating the nostril with laminaria will generally meet the circumstances of the case where it is necessary to effect any enlargement. In rare instances, however, where the body of the tumour is unusually large and firm, it may

[30] Op. cit., p. 53.
[31] De Tumoribus præter naturam, c. xxi., p. 170. Venetiæ, 1595.
[32] See Cases of Two extraordinary Polypi removed from the Nose by improved Forceps. By Mr. Whately, London, 1805.
[33] Op. cit., p. 50.
[34] Anfangsgr. d. Wundarznaek, Bd. i., cap. 21, sect. 604; Göttingen, 1799. See also Hesse, De Polypo Narium, p. 26; Argentorati, 1776.
[35] Op. cit.
[36] Op. cit., p. 14.
[37] De Affectionibus, sect. 6.
[38] Op. cit., vol. iv., p. 297.
[39] Briefe eines Ærztes-Zaulächst f. Ærtze u. Staatsmänner, Bd. 2, p. 534.
[40] Polypus in the Nose and Ozæna, p. 9. London, 1869.
[41] System of Surgery, vol. ii, p. 342. Philadelphia, 1866.
[42] Opuscules de Chirurgie, t. ii., p. 196.

become expedient to amplify the outlets of the nares, either anteriorly or posteriorly by the use of the knife. Dieffenbach's[43] practice of slitting up the alæ to the margins of the nasal bone is a good one, and the parts afterwards heal up so as to leave an almost unnoticeable cicatrix. When it is necessary to incise both alæ the septum must also be divided, and the whole soft portion of the nose can be turned back. Where the growth is situated near the pharynx we may adopt Dionis'[44] plan of cutting through the soft palate on the side affected, and a considerable increase in size of the posterior orifice of the nares is thus gained. The more serious operations for the removal of intra-nasal growths, which cannot be extracted *per vias naturales*, will be treated of in the next section.

ON TWO CASES IN WHICH THE EXTERNAL ILIAC ARTERY WAS SUCCESSFULLY TIED FOR THE CURE OF ANEURISM:

WITH OBSERVATIONS ON THE FORMATION AND GROWTH OF A SOLID FIBRINOUS TUMOUR IN THE SAC; ALSO, ON THE OCCURRENCE OF THREE ANEURISMS IN THE SAME ARTERY, AND ON THE TREATMENT OF GANGRENE AFTER LIGATURE.

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SINCE the time (Oct. 4th, 1806) when the external iliac artery was first successfully tied for the cure of an aneurism by George Freer, within the walls of the Birmingham General Hospital, the operation has been so frequently repeated, and with such happy results, that surgeons have come to regard the proceeding as *par excellence* the one amongst the surgery of the great arteries, if adequately performed, that is attended by the fewest subsequent disasters. I may certainly add my testimony to the truth of this experience, and I should not venture to solicit attention to the cases I am about to record on this, the well-worn ground of mere success, did I not feel satisfied that unusual, and hitherto unexampled, features of pathological interest invest these particular instances of aneurismal disease.

CASE 1.—F. D——, aged thirty, a vegetable salesman, unmarried, a fresh healthy-looking man, was admitted under my care in the hospital, May 8th, 1871. Rather more than a month ago he felt pain in the left groin, which he thought rheumatic. A week after this he noticed pulsation and enlargement, soon followed by pain and numbness, along the front and inner side of the thigh. When eighteen had syphilis, followed by secondary symptoms of a mild character. Has led an active life, recently getting frequently up and down from the step of a high spring cart. Has lived well, and drunk freely of spirits. Beyond rheumatic pains in various limbs has never suffered illness.

From one inch above to three inches below Poupart's ligament there extends an aneurismal swelling, somewhat spherical in shape and with its limits well defined. A loud rasping bruit and vehement distensile pulsation disappear from the tumour on the circulation through the external iliac artery being controlled. The limb is already œdematous, and the cutaneous veins are enlarging. The respiratory and cardiac sounds are natural; the pulse ranging in frequency from 90 to 96.

Very marked increase from day to day in the amount of pain, and steady widening of the area of the aneurism, warned me of the risk of delay; and so, on the 17th, nine days after his admission, under chloroform, I placed a hempen ligature on the external iliac artery at the middle part of its course. There were no difficulties about the operation beyond those that must always attend this undertaking, and these were lightened by the aid rendered me by my colleagues. Afterwards the wound inflamed and suppurated, casting off the ligature on the twenty-first day, and finally granulated and healed; and on the 1st July he left the hospital. During these six weeks the aneurismal swelling slowly consolidated. Pulsation never returned in the sac. At the same time, the collateral circulation developing surely and in sufficient degree, the vitality of the parts below was never in doubt. On the 31st July there was but little hardness to mark the situation of the tumour, whilst a hernial bulging of the scar showed the position of the wound.

For nearly two years and a half he remained well and active, when suddenly he found the seat of the aneurism again enlarging. He had had no extra exertion, but casually found the condition at the end of a day's work, and was at once readmitted, December 3rd, 1873. On examination, I found a firm mass, about as large as the closed hand. It was without pulsation, sound, or pain, and was unaccompanied by any œdema of the limb. Absolute rest in bed and some pressure by pad and bandage so reduced the size of this that at the end of seven weeks he resumed his occupation, wearing a firm support of leather fitted to the swelling and attached to a truss he had worn for an inguinal hernia.

I saw little of him until March in the present year, when, desirous of affording the profession an opportunity of comparing his condition with that of another case that had gone through the same proceeding, I carefully inspected him. I found the swelling much larger than when I had last seen him, and the rate of increase more considerable the last few months. It had yet the same characters as at first; was free from pulsation and pain, and measured some five inches in length and breadth by about three in depth. (See figure.)

Without hindrance he had followed his business, and, save when resting from an attack of gout for a few days, had in no other way been disabled. I could not prevail on him to give himself again the opportunity by entire rest of diminishing the tumour, and was fain to content myself with applying a larger and better fitting leather pad to its surface; and with this support he is now daily actively employed.

There can, I think, be but little doubt that the tumour in this case is an instance, remarkably clear and distinct, of the production within the walls of an "apparently" cured aneurism of deposits of fibrin, continually increasing in amount, always feeling solid, and never giving rise to pulsation or sound. If this be so, it follows that the causes which led to its production, notwithstanding the history of the case subsequently to discharge as "cured," were really at work when the blood-current was arrested through the sac by ligature of the main trunk above.

[43] Surgical Observations on the Restoration of the Nose and the Removal of Polypi. Translated by T. S. Bushnan. London, 1833.
[44] Cours d'Opérations de Chirurgie, p. 552.

Let me repeat the actual description of the sac at two important periods. The first, ten weeks after the operation: "There was but a little hardness to mark the situation of the tumour." The second: "For nearly two years and a half he remained well and active, when suddenly he found the seat of the aneurism again enlarging."

The opinion formed as to the exact position of any inguinal aneurism before operation, it is very evident, must depend on the regularity with which the arterial trunks are anatomically given off, a regularity subject to very frequent interruption. Thus, in June, 1870, for an aneurism situated on the superficial femoral, I tied what I deemed to be the common femoral just below Poupart's ligament. On the death of the patient afterwards, the aneurism having been cured, it was found that the superficial femoral had really been tied as the circumflex ilii; the epigastric and profunda femoris were given off together—that is, at opposite points of a line drawn round the main trunk a little above Poupart's ligament, the point of ligature being five-eighths of an inch below.[1] The records of surgery, indeed, abound with such instances, and the accident of the occurrence in the majority of cases exercises little or no influence on the cure; but occasionally it is otherwise, and herein must be sought the true explanation of the appearance of this tumour—an explanation afforded by the too-abundant development of the collateral circulation,—to the existence between the seat of ligature and the sac of large arterial channels conveying blood by a direct current into its interior, whilst a reflex current, likewise derived from a similar growth of collaterals below, also tends to arrest the cure. I cannot but think that it is probable that the aneurism was in this case situated below the origin of the profunda, and if so, one can readily estimate the disturbing activity which such a vessel, in close proximity to the sac, would exercise to prevent complete consolidation of its contents, when acting also in assured conjunction with the enlarging currents from the circumflex and epigastric arteries above. It is not, however, easy to interpret the length of time—nearly two years and a half—that elapsed between the date of his discharge and his seeking aid on account of the renewal of the tumour.

It can only be supposed that the "little hardness" described at the former period as the remains of the sac was yet pervious to a blood trickle from the collateral, and that drop by drop it was surely making its way in, never in sufficient amount to yield a pulsation, but always adding to the heap of fibrin; and doing this all throughout this time, sometimes more, sometimes less, so gradually as to accustom the patient to an enlargement that a sudden increase was required to render it conspicuous. Afterwards, the progress for the three years and a half, bringing events down to the present time, and making altogether a period of six years, is readily capable of being understood when it is described as being no more than a repetition of the same things.

The nearest parallel case that I can find is the one recorded by Mr. Prescott Hewett in the twenty-ninth volume of the Medico-Chirurgical Transactions, and referred to by Mr. Holmes in his lectures.[2] The patient, aged thirty-one, for an aneurism deemed to be situate on the common femoral an inch below Poupart's ligament, had the external iliac tied by Sir Benjamin Brodie on May 30th, 1839, and when discharged, two months and a half after the operation, the tumour, which originally was but the size of a pullet's egg, was described as being solid and gradually decreasing in size. In three months after this he was readmitted on account of a slight return of pulsation in the tumour accompanied by a "whirring sound" and an increase in size. All this disappeared by rest and pressure applied to the tumour for two months. In two years from this time there was slight recurrence of the pulsation, but no increase in size. No treatment was used. In two months after this, however, the tumour did increase in size, but now there was no pulsation. This increase went on for twelve months until the tumour attained the size of the egg of an ostrich, but no pulsation or sound could be detected. After this it remained stationary, and decreased the last few months of the man's life, his death taking place from phthisis in July, 1843, upwards of four years from the date of the operation. At the examination of the body the tumour was found lying on the superficial femoral artery, at about a quarter of an inch below its origin from the common femoral. It was as large as a full-grown fœtal head, and was perfectly solid throughout, and presented on section the characteristic layers of coagulated blood observed in aneurisms that have been cured. The portion of the superficial femoral connected with the aneurism was entirely obliterated, and identified with the tumour, whilst the portion of the same artery below was only filled by a coagulum about an inch in length, smaller than the vessel, and adherent at its upper part only, the remaining part of the vessel being natural. The common femoral was dilated up to the origin of the epigastric and circumflex arteries, and though there were deposits of coagula forming a lining to these vessels and the deep femoral, there was a distinct channel left for the blood-current through all of them. The external iliac artery at the point of ligature, about an inch above the epigastric, was constricted and obliterated to within an inch of the common iliac.

As I view this very valuable case I can but see that any differences which exist between it and my own are merely those of degree. The presence of pulsation and bruit so soon after the operation points to the influx of a large amount of blood into the sac—to an amount at least capable of producing these symptoms,—afterwards to a repetition by the same means of the first phenomena, and then to an increase in size only, and finally to the establishment of those processes which ended in cure. I believe the very same circumstances, but for the thickness of the deposits on the walls of the sac, might readily have occurred, and may indeed have taken place without their existence having been detected in the early history of my case.

The question will ere long, I feel confident, be presenting itself—To what extent will this gradual increase be tolerable in relation to the safety of my patient? My answer is, Not much more increase will be borne. Already the swelling must hinder his movements, and should it not happen that a spontaneous cure were established, but, on the contrary, that an unchecked career of growth was in the future, I could contemplate as the only means of terminating such a condition resorting to the old method of opening the sac, emptying it of its contents, and securing by ligature whatever vessels communicated with it, either above or below.

Since my attention has been directed to the possible production of these fibrinous tumours, I have an impression that they may not have been so uncommon as I was at first led to believe. Patients operated on for aneurism are constantly lost sight of in after-years, and would not be alarmed at a mere growth at the seat of their former trouble, especially if there were no pulsation, and so I take it they may have occurred and undergone spontaneous cure.

The following instance from my own neighbourhood strikes me as highly interesting, especially from the fact of the tumour having arisen in connexion with the development of the collateral circulation of the arteries of the neck—a situation, if aneurism were as common there as in the lower extremity, that must be, from the abundant interchange of the vessels of one side with the other, particularly prone to the formation of such a growth.

On the 30th September, 1872, Mr. H. L. Browne, of West Bromwich, tried the common carotid for an aneurism of the right external carotid artery. In three months subsequently there was only slight diminution in the size of the tumour, but it was quite solid and free from pulsation or bruit. In two years from this the remains of the aneurism were in the same state. In April of the present year, nearly five years from the operation, it was noted that the tumour had been steadily growing for eighteen months, being quite solid and free from pulsation, and of the size of a Seville orange. The patient, a woman, was in good health.

A case is also recorded by Sir Astley Cooper, in which he tied the femoral for the relief of popliteal aneurism. The pulsation disappeared, and the patient was supposed to be cured of the aneurism. He returned to work, but soon after a swelling arose in the ham *without pulsation*. This subsided in consequence of rest, but some time afterwards, whilst the man was at labour, the swelling returned, accompanied by great pain, and as there was no prospect of his recovering a useful limb, amputation was resorted to. In the dissection it was found that the femoral artery, below the place to which the ligature had been applied, was con-

[1] Address in Surgery, p. 8., Brit. Med. Assoc., 1872.
[2] On the Surgical Treatment of Aneurism in its various forms (THE LANCET, vol. ii., 1874, p. 298.)

veying blood, which blood could alone have been conveyed by anastomosis.[3]

This certainly looks like a very similar case, and having regard to its treatment at the hands of the great surgeon, half a century ago, one wonders whether a limb, under similar circumstances, would, in these days, be removed in preference to attempting the deligation of the arteries above and below.

(To be continued.)

NOTES ON A CASE OF HEMIPLEGIA IN A CHILD FOLLOWING THE APPLICATION OF THE FORCEPS AT BIRTH.

BY HENRY M. CHURCH, M.D., B.Sc.,
FELLOW OF THE OBSTETRICAL SOCIETY OF EDINBURGH.

E. W——, a female child, aged one year and seven months, residing near Stirling, was brought by her mother as an out-patient to ward 16, Royal Infirmary, June 17th, 1876. The complaint regarding the child was that she could not move the right arm and leg.

The mother stated that she had a difficult labour, that the child was born at the full time, and had the instruments applied by the doctor at its birth, and that for two hours after its birth hot cloths had to be put to the chest before breathing was properly established. The day after, the child had a "shaking fit," affecting only the right side, and on each of the two following days a similar shaking took place. The child was unable to take the breast, and was brought up on the bottle. Up to ten months of age her mother only thought she was left-handed. She then noticed that the right hand was generally closed, with the thumb drawn in, but that the fingers were extended during sleep, and if the child were about to fall. The right leg seemed bent at the knee, and could be swung about, but always yielded if the child were allowed to stand. She had always noticed that the right arm and leg were softer and colder than the left, the left alone being used when the child was at play. She, however, thought that the right side was more easily tickled while bathing her in the evenings. Nothing was ever noticed peculiar about the face.

When the child was brought to the ward she seemed a healthy, happy child, and was eating something out of her left hand. The right arm hung loose, the thumb drawn in, and the fingers flexed. She used it to a certain extent, but could not lift it to her mouth. Anything placed in this hand was firmly grasped and retained, evidently from the want of power to extend the fingers and so let it fall. On careful measurement of the forearms, the circumference of the right was an eighth of an inch less than the left. The limb felt cold and flabby. When placed on the ground, she stood supported by her mother, and seemed to use both legs equally well; the circumference of the right thigh, however, was less by half an inch than the left. When placed upon her back, she kicked both limbs about, and sensation in both seemed to be the same. They were both of the same length. The face seemed natural both in laughing and crying. Across the temples were two cicatricial markings, that on the right side being the most prominent, running upwards and forwards for about an inch and a half at an angle of 45° to a horizontal line drawn between the ear and the angle of the orbit. The transverse diameter of the forehead appeared unusually small and the temples compressed, affording a striking contrast to the large rounded posterior part of the head.

Education, rubbing, and galvanism were recommended as treatment, and the mother asked to bring her back, which, however, she never did.

Remarks.—That the mother had a tedious labour, and that delivery was effected with difficulty, even with the aid of the forceps, cannot be doubted. Under such circumstances a prolonged state of imperfect circulation of the blood would ensue, and hence the asphyxiated condition of the infant, which, but for the persistent efforts to restore the respiration, would have perished.

[3] THE LANCET, vol. i., Nov. 1823, p. 208.

The first point of interest in the case is the unilateral nature of the convulsion which followed the great venous congestion of the brain, the right side being that affected. Some left cerebral lesion had probably occurred to account for this phenomenon. Either an extravasation had taken place in the brain, or some mechanical injury had been inflicted on the brain-substance during the application of the forceps. It has been shown from post-mortem examinations that in still-born children numerous punctiform ecchymoses occur in the brain and its membranes, and in the different serous membranes of the body. Moreover, in young animals whose brains have been subjected to pressure punctiform apoplexies have been produced. In the case under consideration, right hemiplegia, which was not of a temporary nature, followed the convulsive seizure. It is therefore probable that a small apoplexy had followed the intense congestion in the left side of the medulla oblongata. That this was the seat of lesion is rendered probable from the fact that the face remained unaffected, that the child had inability to suck, and that respiration was nearly abolished—the last two phenomena resulting from implication of the eighth and ninth cranial nerves.

Another view to be taken of the case is that the lesion resulted from direct injury to the skull at the seat of application of the forceps. The depth and length of the two cicatrices nineteen months after birth gave a clue as to the primary injury inflicted on the skull from the blades of the forceps. Both cicatrices were so situated as to pass across the spheno-parietal and fronto-parietal sutures. Grant, then, that these sutures were seriously injured, that inflammation was set up in them, spreading to the membranes, or to the brain-substance itself, or that an extravasation of blood of considerable extent took place between the cranium and dura mater compressing the brain, there is perhaps in these hypotheses sufficient explanation of the convulsive movements and the subsequent paralysis opposite the seat of lesion. At the same time this inflammatory process in the sutures would occasion premature ossification of the cranial bones and narrowing of the temples. Hence the deformity in this case—namely, the unusually small diameter through the temples compared with that of the posterior part of the cranium. The child's intelligence at the time she came under my observation seemed to be of a fair average, but it would be interesting to watch whether any mental impairment will result from the growth of the brain within the altered cranium.

Edinburgh.

ACCOUNT OF THE SMALL-POX EPIDEMIC IN DERBY IN 1876; WITH TREATMENT OF THE CASES.

BY ENGLEDUE PRIDEAUX,
LATE ASSISTANT HOUSE SURGEON, DERBY INFIRMARY, RESIDENT MEDICAL OFFICER SMALL-POX HOSPITAL, DERBY.

THE small-pox was introduced into Derby by a child of twelve years of age, coming from Liverpool to visit her friends. She was admitted into the infirmary on July 27th, and the next case was admitted on August 12th. From this date until October 31st, some forty cases occurred, nineteen of which were admitted into the infirmary.

On September 1st, the Small-pox Hospital—a wooden structure, but admirably adapted to meet the requirements of such an epidemic—was opened. From that date up to October 30th, eighteen patients were admitted, and it was owing to the energetic action of the Corporation and their medical officer of health (who, by communicating with the medical men in the town, had early information of each case) that they were able to send each one as it broke out to the hospital, and, in some cases, against their will, and thus procure the most perfect isolation of the disease on its earliest appearance; and without doubt it was entirely owing to these measures that the disease was confined to such narrow limits, and was prevented from spreading to the thickly populated lower quarters of the town, where it might have run rampant.

Besides the cases treated at the hospital and infirmary there were a few cases concealed at the commencement of the epidemic treated at home.

Out of the forty cases eight were unvaccinated in infancy; three out of the eight were vaccinated within a few days of the outbreak of the disease, but out of these three two died. These were the only deaths occurring in the outbreak—viz., one in the infirmary (a man aged forty), and one in the town (a girl aged fourteen).

Of the unvaccinated cases three were confluent. Of the thirty-two vaccinated cases, thirteen were confluent, and one, in the hospital, hæmorrhagic or malignant.

Out of thirty-two vaccinated cases, including thirteen confluent cases, there were no deaths. One of the cases had been revaccinated eighteen months previously, and the disease was very slight.

Of eighteen cases treated at the hospital, three cases had four cicatrices each, but small and not well marked; these cases were all mild. One case had three small cicatrices; this was semi-confluent. Four cases had two cicatrices, two being confluent and two discrete. Six cases had only one cicatrix; two of these only were confluent. The remaining four cases were unvaccinated, three of which were confluent.

With reference to the treatment adopted at the hospital, the results were very gratifying in that there was an almost entire absence of pitting, whilst the marks left even in the most severely confluent cases were such as would almost disappear after a short time; and the number of confluent cases was rendered much smaller by the eruption being checked both by the local and constitutional measures employed.

In the first stage of the disease the patients were placed in baths of 90° and cooled down to 70°, they being allowed to remain in them about fifteen or twenty minutes. These baths were administered every day, and in the severer cases twice daily. After each bath they were painted over with a mixture of glycerine, gelatine, and carbolic acid, in the proportions of—glycerine 6 oz., water 26 oz., gelatine 1 oz., and carbolic acid 1 oz. As soon as the pustules were full, those on the face were pricked, if necessary, and the gelatine mixture painted on frequently. All the patients had at their own desire a pot of the mixture, with a brush, in order that they might paint their faces frequently. They said it relieved the pain, and entirely prevented any itching. It kept the skin soft and moist, acting as an antiseptic, and preventing any unpleasant smell. In this stage of the disease each patient had a warm bath daily. Later on, soda in considerable quantity was put into each bath, and the patients well washed with carbolic soap, to aid the desquamation and so expedite their removal from the hospital. Then, as regards their treatment internally, having in view Dr. Beale's theory of the germ character of the disease, it appeared to me that if that view be a correct one, it was most desirable to administer a drug which in solution is fatal to those low forms of life, and which will pass through the tissues of the body without being so altered as to destroy its activity, and proof of which may be found in its unaltered condition in the excreta. Salicylic acid or salicylate of soda seemed to me to best fulfil those requirements. It can be detected in the urine by salicylicuric acid after its administration, and, from its antipyretic action, would seem to check both the formation of those bioplasmic particles which, according to Dr. Beale, are the accompaniment of the febrile condition, and the morbific ferments the cause of its specific character.

On entering the hospital the patients were ordered a mixture containing twenty grains of salicylic acid, and four grains each of bicarbonate of soda and carbonate of ammonia, to be taken every two or four hours, according to the severity of the case. The carbonate of ammonia was added to prevent the depressing effect of the acid, which, at the infirmary, we had found so frequent an accompaniment of its exhibition in large doses. In the later stage of the disease an addition of five grains of citrate of iron and ammonia was made to the above mixture.

In the worst case, a hæmorrhagic one, the progress under the above treatment was as follows:—S. A. T——, a girl aged fourteen, with one cicatrix, was admitted on the third day of the disease, on Sept. 20th at 5.30 P.M., having been said to have vomited half a pint of blood, and to have passed blood in her motions. She had a temperature of 105·1°, which the same evening went up to 106°. She was ordered fifteen grains of salicylic acid, as above, every two hours, with milk and beef-tea *ad lib.*, and the bath. During the night she was violently delirious, and again vomited blood.—The next morning, Sept. 21st, her temperature was down to 101°; pulse very feeble. She was let into the bath, swung in a blanket, and was ordered seven ounces of brandy in twenty-four hours. At night her temperature rose to 103°. She was ordered a draught of fifteen grains of chloral, and passed a quieter night.—Sept. 22nd: Morning temperature, 101°; evening, 100°. Brandy reduced to four ounces.—Sept. 23rd: Morning temperature, 100°; evening 99°. From this day her temperature never rose above 99°. The same treatment was continued, but the brandy was stopped the next day; the medicine to be taken every four hours instead of two.

In this patient there was hæmorrhage into all the pustules on the face, chest, and arms, and they were severely confluent all over her, yet under the above treatment in all its details she did remarkably well, and was discharged from the hospital on Nov. 18th, having been retained for some time to help to take care of the children; and, notwithstanding the severity of the case in the commencement, and its bad character, the suppurative fever was slight, whilst there were no signs of deep pitting at all, and the marks left were such as would disappear in a comparatively short time.

I have no doubt that the treatment, both internal and external, modified the course of the disease, more particularly in alleviating and almost entirely suppressing the dermatitis of the third stage, so that the secondary and fever was avoided, together with the suppuration and destruction of the true skin. This result, then, robs the disease of one of its worst phases—viz., the subsequent cicatrisation, which deforms the beauty of the human features, and often renders them unrecognisable.

I often think that were the disease recognised and so treated in the first stage, the severity of its onset would be lessened, and thus the disease be further modified; but unfortunately patients are not brought under treatment until the disease has reached its second stage, and when the rash has appeared, and very often not until it has progressed still further. However, by preventing to a great extent the formation of pus, I am sure we can lessen the disastrous after-effects of the disease.

CHINESE EUNUCHS.

BY R. A. JAMIESON, M.A.,

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SURGICAL operations among the Chinese are for the most part limited to the opening of abscesses, the performance of acupuncture, and the application of the moxa. The latter two are practised for all manner of diseases, the sole necessary indication being the presence of local pain or swelling. The former is had recourse to only when the fluid contents of a tumour are visibly approaching the surface, and no doubt superficial aneurisms occasionally come in for a share of the treatment. But as a rule Chinese practitioners are both timid and tardy in their use of the knife, and for this reason foreign surgeons find that a large part of their work among the natives consists in the opening of huge collections of pus, which have burrowed between the muscular planes, and the treatment of sinuses whose orifices have, often for years, been carefully covered up with resinous plasters. The one exception to the general rule is the boldness with which the Chinese castrate men and animals. By some extraordinary chance they have even discovered the dependence of conception upon the presence of the ovaries, and, acting on this knowledge, they not only castrate boars and cocks, but spay sows with remarkable skill and success.

For the facts I am indebted to Mr. George Carter Stent, a gentleman who has spent many years in Pekin, and whose intimate knowledge of the manners, customs, and language of the Chinese makes him a most reliable authority upon matters which are not treated of in any native books accessible to foreigners.

The operation is performed at an establishment maintained for the purpose immediately outside one of the palace gates. The operators are known as "knifers," and they contrive to keep the trade in their own families. For each castration, and the subsequent care of the case, they receive the equivalent of about £1 16s. sterling.

When about to be operated on, the patient is placed in a semi-supine position on a broad bench. One man, squatting behind him, grasps his waist, and one man is told off to each of his legs. Bandages are fastened tightly round the hypogastric and inguinal regions, the penis and scrotum are three times bathed with a hot decoction of pepper-pods, and the patient is finally, *if an adult*, solemnly asked whether he will ever repent. If he appears doubtful, he is unbound and dismissed, but if his courage has held out, as it usually has, all the parts are swiftly swept away by one stroke of a small sickle-shaped knife. A pewter plug is inserted into the urethra, the wound is covered with paper soaked in cold water, and is firmly bound up. The patient, supported by two men, is kept walking round the room for two or three hours, after which he is permitted to lie down. For three days he gets nothing to drink, nor is he allowed to pass urine. At the end of this period the dressings are removed, and the plug is taken out. The parts generally heal in about one hundred days, when the patient is inspected by an old and experienced eunuch, in order to make sure that the mutilation is complete. About two per cent. of all cases prove fatal, some by hæmorrhage and some by extravasation. For a long time after the operation there is nocturnal incontinence of urine.

Shanghai.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

HIP-JOINT DISEASE IN A PATIENT FIFTY YEARS OF AGE; AMPUTATION; DEATH ON THE SIXTH DAY.

(Under the care of Mr. RIVINGTON.)

WILLIAM F——, aged fifty, was admitted on Feb. 8th, 1876. He stated that he was quite well eleven weeks before, and that his trouble commenced with pain of an aching character in the right leg. The pain extended gradually to the hip and groin, and he was obliged to remain in bed. Under medical advice, a blister, followed by poultices, was applied over the groin. An abscess formed, and was opened, leaving a discharging sinus.

On admission, the patient, who was naturally of a spare habit, appeared to be considerably reduced by the disease. The right leg was flexed nearly to a right angle, and could not be brought down completely by the surgeon. Much rough grating could be detected on moving the limb. A sinus existed anteriorly outside the femoral artery, but no bare bone could be felt on exploration, either with probe or finger. There was no shortening of the limb. An examination under ether led to no discovery of necrosed bone in connexion either with the pelvis or the femur, and as the head of the femur occupied the acetabulum, it was hoped that ordinary treatment by means of the long splint and weights would suffice, and be followed by a cure by anchylosis. This hope was encouraged by the circumstance that the patient took his food well, and improved in condition during the earlier period of his residence in the hospital. Ultimately, however, this hope was disappointed, and the question of operation was mooted. A consultation resulted in preference being given to amputation over excision. The patient's condition had been gradually deteriorating; the discharge had become most profuse, and it was found impracticable, owing to the intolerance of pressure, to retain the limb in position by any appliance. The head of the femur had become liberated from the acetabulum. Some little delay in operating occurred through hesitation on the part of the patient to give his consent, and it was not thought advisable to urge the operation very strongly upon him.

Consent having been given, on May 4th he was placed under ether. Pressure was made on the aorta by Mr. Tay. Folded towels were placed round the abdomen, and a thick compress to the left of the umbilicus. The limb having been emptied of blood by the elastic bandage, the elastic ligature was drawn tightly round the protected abdomen. Pulsation in the femorals absolutely ceased. Amputation was performed by long anterior flap cut from without inwards, and a circular sweep of the knife through the tissues posteriorly, the removal being completed by a few touches of the point of the knife for the liberation of the head of the femur, which was found displaced from the acetabulum, and denuded of cartilage. Bare bone existed behind the acetabulum. The arteries having been secured, the flaps were simply drawn together with strips of lint and a bandage, some lint being placed in the abscess cavity to prevent oozing. A hypodermic injection of one-third of a grain of morphia was given.

The patient recovered well from the ether, and was not troubled at all with sickness. As he complained during the night of some pain in the stump, another injection of morphia was given. The shock of the operation passed off. The temperature, 100° at the time of operation, stood at 101·4°. No secondary hæmorrhage.

May 5th.—The wound was dressed under ether, a few clots being removed, and stitches inserted. Temperature 101°. Free perspiration; pulse, weak and irregular, 120. Milk, beef-tea, and brandy taken.

6th.—Pulse 140. One or two rigors; considerable thirst.

7th.—Rather better; had passed a fair night. During sleep a good deal of twitching of the muscles of the face was observable. Temperature 102·2°; pulse 130. Stump redressed and looking very healthy; free discharge.

8th.—Good night. Pulse very feeble, 140; temperature 100°.

10th.—4 P.M.: Patient died. He had been very restless, with slight convulsions an hour or two before death.

The post-mortem examination was conducted by Dr. Sutton. Sinuses were found leading from the amputation wound into the psoas muscle behind the fascia, the walls of the sinuses being surrounded by fibroid tissue. The lungs and heart were normal and the kidneys anæmic only. Death resulted from exhaustion from continued suppuration, a considerable amount of the discharge coming from the pelvic sinuses, which could not be clinically detected.

SEAMEN'S HOSPITAL, GREENWICH.

ABSCESS OF THE LIVER (WITHOUT PYREXIA); REMARKS.

(Under the care of Dr. RALFE.)

FOR the notes of the following case we are indebted to Dr. H. H. Murphy, house-physician to the hospital.

P. T——, aged forty-three, admitted May 5th, 1877, suffering from severe dysentery, accompanied by frequent vomiting. His present illness commenced three weeks ago with griping pain in the abdomen and diarrhœa, the stools being loose, dysenteric, and containing much slime. During the last week frequent vomiting, both on a full and empty stomach, has set in. He states that eighteen years ago he had jaundice, and last year he had an acute attack of dysentery at Calcutta. He has been under treatment before at the Seamen's Hospital during the present year, being admitted under Mr. Leach, in March, for bronchitis and dyspepsia attended with epigastric pain.

On admission on May 5th, the patient was pale, flabby, and weak, though not emaciated; constantly belching, and vomiting frequently a thin watery fluid, which was mixed with the food, if he had taken any. The bowels were opened from ten to twenty times a day; the motions quite dysenteric in appearance and odour, containing a good deal of slime. The liver dulness slightly increased, but no tenderness on pressure over the hepatic region generally; severe pain, however, complained of in left hypochondrium and over descending colon. Tongue red and raw-looking; com-

plete loss of appetite. Chest-sounds normal; no cough. Urine clear; no albumen. He was ordered a mixture containing nitro-muriatic acid, opium, and logwood; and for diet, two pints of beef-tea, two pints of milk, egg, and six ounces of wine.

May 15th.—Less flatus and pyrosis; the stools still average fourteen a day, and contain blood and slime. He was then put on a course of ipecacuanha, but this increased the vomiting, and was changed for a mixture containing carbonate of soda, dilute hydrocyanic acid, and bismuth.

From the 18th to the 28th the average of stools decreased to nine daily, but the pyrosis had increased; accordingly sulphite of soda was added to his mixture, which gave immediate relief. The vomiting and eructation almost ceased, and the average of stools was only five a day during the next week.

June 5th.—Says he feels much better and stronger; his appetite has improved. The stools are still loose, but very little slime; no blood.

This improvement was, however, only temporary. The next week the stools averaged nine per diem, and the week following twenty-three. They contained some slime, but no blood, were of natural colour, but very loose. He had no pain or abdominal tenderness, and his temperature, which was taken repeatedly during his stay in hospital, never exceeded 99·7°, whilst the mean range was 98·6°. He never complained of rigors, neither was sweating observed, and there was no tenderness on pressure over the hepatic region, the only pain complained of being referred to the left hypochondrium and along the course of the descending colon.

The patient died of exhaustion July 6th.

Post-mortem examination.—The contents of the thorax, with the exception of four ounces of clear serum in the right pleura, were healthy. The right lobe of the liver was closely adherent to the diaphragm, and the under surface of the left lobe of the liver was adherent to the lesser curvature of the stomach. On opening the stomach an aperture with smooth edges, as large as a crown piece, existed at the point of adhesion, and led into a cavity on the under surface of the left lobe of the liver, large enough to hold four ounces of water, and bounded by ragged and apparently ulcerated liver-tissue. The upper surface of the right lobe of the liver posteriorly was adherent to the diaphragm. In endeavouring to remove it from the body by dissecting away from the ribs, the diaphragm was cut through, and about fourteen ounces of thick odourless pus were evacuated from an abscess existing in the upper portion of the right lobe of the liver. In addition several smaller abscesses were scattered through the hepatic substance, varying in size from a pea to a filbert. The liver, after the evacuation of the large abscess, weighed five pounds; spleen seven ounces, soft; kidneys thirteen ounces, healthy. The mucous membrane of the large intestine was thickly studded with ulcers (follicular), each about the size of the thumb-nail, and somewhat transversely arranged, with floor and edges ragged. The walls of the intestine were thickened, and the sacculi obliterated.

Remarks.—Dr. Ralfe observed that in this case two characteristic symptoms of abscess of the liver were wanting—pyrexia and regional pain. Dr. Murchison, in his Lectures on Diseases of the Liver, records two instances of absence of pyrexia in abscess of the liver, and in one (Case 83) the abscess at the time had attained an enormous size, and was rapidly increasing. Dr. Murchison finds it difficult to account for the absence of pyrexia in these exceptional cases "except on the supposition that the morbid process here entails the destruction of an organ which contributes in part to the maintenance of animal heat"; and yet, as Dr. Murchison observes, "so far as we know, temperature is elevated in most large abscesses of the liver." It should be observed that in this case the diarrhœa was severe and persistent, which may in some measure have had effect in checking elevation of temperature. But if it is difficult to account for the absence of pyrexia in this case, it is still more so to account for absence of pain. The patient up to the very last got readily in and out of bed, and allowed firm pressure to be made over the right hypochondrium. The absence of these two characteristic symptoms renders this case of clinical importance, as showing that extensive suppuration may occur in the liver without giving rise to pyrexia or pain.

SUSSEX COUNTY HOSPITAL, BRIGHTON.

CASE OF CALCIFICATION OF THE THYROID GLAND.

(Under the care of Dr. KEBBELL.)

THE subject of this disease was a woman of about fifty years of age, who had had a bronchocele for twenty years, and had been out of health for some considerable time. When admitted into the hospital she was much reduced in strength and flesh, with a sallow cachectic appearance, and died in a few days. The whole surface of the gland was as hard as a bit of marble, and the abdomen was full of large hard tumours. These tumours were found after death to be situated in the mesentery, and contained a soft cheesy pultaceous fluid of about the consistence of thick cream, such as is seen in the tuberculous or strumous degeneration of the mesenteric glands of children, but without, as far as could be seen, any calcareous deposit. The thyroid gland, at least the surface of it, was so hard that the saw could hardly be got into it. The interior of the tumour consisted of a yellowish pultaceous matter, of various degrees of consistency, and was evidently undergoing the same process of degeneration. If this woman had lived long enough there is little doubt that the whole gland would have become an amorphous mass of calcareous matter.

In explaining the difference between calcification and ossification Dr. Kebbell stated that in the latter there is an active change in the tissue tending to the formation of regular osseous structure; while calcification, on the other hand, is a purely passive process—simply a deposit of calcareous particles, without any change of structure.

PROVIDENT INFIRMARY, BOSCOMBE, BOURNEMOUTH.

POPLITEAL ANEURISM; OPERATION; RECOVERY.

(Under the care of Mr. H. GUNTON TURNER.)

THE subject of the above disease, a married man, a plasterer, aged thirty-nine, but looking considerably older, was admitted on March 27th of the present year. He was pale and anæmic, and complained of considerable pain and swelling behind the right knee. Otherwise he was a fairly-nourished, well-formed man, and stated that he had always enjoyed good health, but had been intemperate from the age of twenty-five till within a month of his admission, when he became a total abstainer. His beverage was mostly beer, rarely spirits. His father died from some pulmonary affection, and his mother from morbus cordis. He had lost two sisters—one from burn, the other from some cause unknown. One brother and three sisters were living, and all healthy. There was no history of syphilis or rheumatic fever.

Upon examination, a pulsating tumour with a decidedly marked thrill was found in the popliteal space of the right leg, attended by considerable œdema extending downwards to the foot. At the same time a loud diastolic aortic murmur was heard over the greater part of the chest, but most distinctly over the second sterno-costal articulation, while the first sound was remarkably muffled. The apex-beat was felt between the fifth and sixth ribs, and the arterial tension was very marked. The urine showed no trace of albumen. When questioned, he stated that he had first noticed shortness of breath, while taking ordinary exertion, about a year since. A month previous to admission, he first became aware of a throbbing at the back of the knee when engaged in work, which necessitated kneeling. Subsequently, finding the throbbing continue, his attention was directed to a swelling in the popliteal space, and, a little more than a week before admission, on coming down a ladder, he was unaware that two of the rounds were missing, the result being that his leg slipped through the ladder and was violently jerked, after which the swelling increased rapidly.

Until April 4th he was kept in bed with the leg flexed, and fed exclusively on milk, of which he consumed daily some six or seven pints. On that day, pressure by two tourniquets was applied, a horseshoe compressing the artery just below Poupart's ligament, and a "Skey" at the apex

of Scarpa's triangle. These were alternately applied for twelve hours, at the termination of which time the patient could bear it no longer. The pressure was then removed, the tumour pulsating as strongly as ever.

On April 5th the leg was more œdematous, with some amount of erythema. There had been no sleep. One-third of a grain of acetate of morphia, with one-sixtieth of a grain of sulphate of atropia, was given subcutaneously. He slept well during the day, also on the following night after 2 A.M., having taken three grains of opium, which seemed to have no effect.

April 9th.—The erythema having disappeared, it was decided in consultation to try digital compression for a period of twenty four hours, and, in the event of this failing, to tie the femoral artery.

11th.—Digital compression was commenced and carried on for the period above mentioned by Mr. Turner himself, and by the other members of the staff, and several medical friends who kindly volunteered their assistance.

12th.—On pressure being discontinued, no material change having taken place, an operation was finally determined on.

16th.—He was put under the influence, firstly, of a mixture of alcohol, chloroform, and ether, and subsequently of pure ether. The operation was performed on the antiseptic plan.

The superficial sutures were removed on the 20th, when the wound had almost healed by first intention, no unfavourable symptom having occurred.

April 30th.—The wound had quite healed, and the ligature became absorbed. The temperature of the foot was at no time perceptibly below that of the other.

By May 22nd the patient had made great progress, and had materially improved in appearance, but there was still some œdema of the leg and foot.

Remarks.—The above case would seem to indicate the advisability of invariably adopting pressure previous to operation, in order that the collateral circulation may be more readily established.

HÔPITAL ST. LOUIS, PARIS.

MEDULLOMA OF THE SCAPULA; EXTIRPATION; RECOVERY.

(Under the care of M. T. PÉAN.)

VICTOR F——, aged nineteen, a mason, entered St. Augustin ward on the 6th of April last. He was very robust and well proportioned. His family history was extremely satisfactory, and he himself had never had any serious affection, and had never had any venereal disease.

About five months before admission he began to feel slight diffuse pain in the left scapular region, extending down the corresponding arm. At this time there was no swelling to be seen, and consequently no deformity of the posterior part of the shoulder. It was only about a month before his entering the hospital that he detected a tumour in the infraspinous fossa of about the size of a mandarine orange. From that time the tumour increased rather rapidly in size, but the patient was still able to continue his work. Indeed, it was owing to the rapid development of the growth rather than to the pain it produced that he sought advice.

On admission it was easy to see that the infraspinous fossa was occupied by a large rounded swelling. The deformity was very pronounced. The growth was hard and seemed regular in shape, and its surface did not present any inequalities, but was, on the contrary, smooth to the touch. Its borders could, however, only be defined with difficulty, especially towards the axilla. The skin which covered it was of normal appearance, with the exception of the presence of a few dilated veins which traversed the region. There were no adhesions. No sign of fluctuation or softening of the mass could be detected. The lymphatic glands of the axilla were not in the least affected.

It was thought that the tumour had originated in the bony tissue of the scapula, and that it had invaded the whole of the infraspinous fossa as far up as the spinous process. It was not so easy to determine the nature of the tumour. Amongst those growths of a fibroid consistency are enchondromata, fibromata, fibro-plaxomata, and medullomata. The elasticity of the tumour excluded the idea of an exostosis. Enchondromata have a much less rapid growth than the tumour in question, besides they are harder and frequently present patches which are considerably softer than the surrounding parts. Fibromata also present a much slower development; they are generally well defined and easily circumscribed; their surface is smooth. Finally, notwithstanding the rareness of myeloid tumours, M. Péan was brought, by exclusion, to think that this was one. However, as the tumour appeared to be making rapid progress he decided to operate upon it immediately.

On the 14th of April the patient was put under chloroform, and a curved incision was made, with the convex side looking downwards. The wound extended from the axillary to the spinal border of the scapula. The skin was then dissected up, but no signs of the tumour were yet to be seen, and consequently M. Péan was reluctantly obliged to incise the muscles which completely covered its superficial surface. Upon lifting up the inferior angle of the scapula and passing the finger underneath it, it was found that the anterior face of the bone was also occupied by the tumour. After having carefully dissected the inferior part of the scapula, a chain-saw was passed round the bone immediately under the spinous process, and everything below that limit was taken away. A portion of the wound was brought together by sutures, and drainage-tubes were placed in the dependent positions. Alcohol dressing.

On the fourth day after the operation the sutures were taken away, and bands with collodion were put in their place.

During the first week the patient had not the slightest bad symptom, and was going on very well. The temperature never rose above 38·6° C. The pulse varied between 90 and 105.

On the 26th April the wound was nearly healed, and from that day the patient continued to make rapid progress; on the 13th May he was completely cured, and ordered to go for a fortnight to the Convalescent Hospital at Vincennes.

The tumour was examined by M. André, and pronounced to be of a myeloid nature.

Reviews and Notices of Books.

Saint Bartholomew's Hospital Reports. Vol. XII. 1876.

THE present volume of these reports is in no way inferior to its predecessors. It is marked by the great variety and number of the papers contained in it, most of which are the result of clinical observation, and include much valuable material. There are no less than twenty-five papers in addition to the proceedings of the Abernethian Society, which also contain some good papers, and the Medical and Surgical Reports.

The volume opens with a short paper by Sir. James Paget "On some of the Sequelæ of Typhoid Fever," in which he enumerates and describes phlebitis, periostitis of long bones and ribs, and local paralysis of muscles. Dr. Gee follows with a very excellent paper on "Phrenitis Æstiva," which appears to be in the main a synonym for sunstroke or heatstroke. The paper is concise, instructive, and classical, and it is very satisfactory to find that throughout Dr. Gee is able to confirm the exactness of his observations by a comparison with Hippocrates; but whether such words as "lipyria" and "crocidismus" are of sufficiently common use to be understood by the bulk of medical readers will have to be decided by experience. Out of the comparatively small number of papers devoted to discussion of general questions, we may especially mention a very valuable and scientific one by Dr. Wickham Legg, entitled "An Examination of the Opinions held as to the Causes of Jaundice," which contains a large amount of historical information, and is a considerable contribution to the literature of the subject. Dr.

De Havilland Hall has a good paper "On the Diagnosis and Treatment of Pleuritic Effusion." Dr. Brunton contributes an account of Pharmacological Researches on the action of Casca Bark, the antagonism between Strychnia and Hydrocyanic Acid, the action of Nitro-glycerine, and some other subjects. The action of casca was fully described by Dr. Brunton in his Gulstonian Lectures. Dr. Brunton finds that hydrocyanic acid, though lessening somewhat the tetanic convulsion due to strychnia, cannot be employed as an antidote with any hope of success.

The more important surgical papers of the same kind are one by Mr. Alban Doran "On Foreign Bodies imbedded in the Tissues," and one by Mr. Walsham "On the Introduction of the Hand into the Rectum." Mr. Walsham considers this to be usually an easy and in no case a dangerous operation.

There is one paper which we would willingly pass over in silence, but that to do so would be to leave unnoticed a sort of paper which is becoming too common in hospital reports, and which threatens to destroy their value if often repeated. It is entitled "A Contribution to our Knowledge of the Physics of the Cerebral Cortex." We have searched in vain in the paper for any contribution whatsoever to our knowledge. On the other hand, we have found a number of statements which are opposed to the most elementary anatomical facts; vague and, it seems to us, irrational theory, unsupported by observation, whether physiological or clinical; and a tone of authority which is hardly warrantable. Had its author studied the writings of Hughlings Jackson, Charcot, and Ferrier, to whose scientific work no reference is made, he would at least have saved himself from some obvious errors and vague statements. What are we to think of the contribution to our knowledge which gives us such a statement as this? (the italics are ours): "Immediately bounding the *great transverse fissure* of the brain, that of Rolando, are the two convolutions, named by Ecker the anterior and posterior central, by Turner the *ascending and descending parietal*, respectively." Or of such a passage as this: "In the disease agraphia there is a similar loss of the regulative function of the cerebrum over the muscles of the hands as there is in aphasia over the voice;" which betrays an entire misconception of the meaning of the words employed. We might multiply examples of similar and even more obvious blunders. Here is a new discovery and its reasons:—"The rudimentary method of calculation in use amongst the lowest savage tribes, when taken in conjunction with the small comparative size of their frontal lobes, justifies, I believe, the assumption that this faculty is seated in the forepart of the brain." And "it will be for future investigators (!) to confirm what I provisionally offer as a function of the frontal lobes—namely, the mechanical elaboration or symbolisation of ideas by words and numbers: talents cultivated by our authors and mathematicians respectively." The author winds up with some sage advice to future "investigators," and modestly concludes that "beyond the fact that there exist in our brains a posterior or retentive system and an anterior or expressive system, our knowledge of this organ will not at present permit us to go. It will be for others to specialise more fully the peculiar functions of each division, and to show how they jointly elaborate new ideas." We have said enough of this paper—avoiding the mention of some more serious errors—to show that its author can hardly yet lay claim to authority on the subject. But the point we wish to urge is, that the substitution of theory for scientific observation is strongly to be deprecated in hospital reports.

There are some very good papers on surgical cases, notably one by Mr. Howard Marsh, of Abdominal Section for Intussusception, and one by Mr. Willett, on the same operation for Ruptured Bladder. Nor must we omit to mention the very complete and exhaustive report on cases of Cataract, by Mr. Henry Power. There are several other good papers.

The Medical and Surgical Reports by Dr. Champneys and Mr. Butlin respectively are very full and complete. The notes of cases in the appendices are of value, but we could wish they were in some instances fuller.

Lectures on Bright's Disease. By D. CAMPBELL BLACK, M.D. London: J. and A. Churchill. 1875.

WE confess to a sense of disappointment on reading this work. The subject is a favourite one with medical authors, and many may think that it is well-nigh exhausted. Dr. Black, however, is not of that opinion, and, professing to despise all authority, he has attempted to introduce an air of originality into his subject. It required, however, better treatment than he has given it, for we have seldom read a more curious *mélange* of facts and opinions than these lectures present.

In the very first chapter, that devoted to the anatomy and physiology of the kidneys, we come across passages which are so indefinite that it is difficult to ascertain the precise meaning of the author. Thus, he devotes a page and more to the description of Heidenhain's researches upon the process of urinary excretion, derived from natural injections of indigo. We are told that in the kidneys of an animal (what kind is not stated) so treated these portions of the kidney are coloured, "which present the dark ciliated epithelium of secretory organs. . . . If the animal had been sacrificed ten minutes after the injection, it was found that the colouring matter had impregnated only the epithelial cellules, to the exclusion of the protoplasm, the nuclei, and the cilim (*sic*), and the canal of the tubes were free from colour." It takes some thought to make out what is meant here, and the mention of "ciliated epithelium," would make it almost seem as if it were a constant feature of secretory organs. We believe it is only in the frog and allied animals that cilia exist on the lining of the tubules at their glomerular origins. Referring to the lectures of M. Charcot on Renal Diseases, recently republished from *Le Progrès Medical*, we find that Dr. Black has been led astray by the term "batonnets" to confound the striated epithelium discovered by Heidenhain in the kidney with ciliated epithelium. It would appear, indeed, that a large portion of Dr. Black's text in the earlier chapters is nothing but an abridged and imperfect translation of Charcot. This fact goes far to explain the obscure and ungrammatical text of the English work.

As regards Bright's disease itself, the author does not esteem modern microscopical research as of much value in establishing distinctions between its varieties, and, deprecating the excess in nomenclature that has arisen in consequence of this research, he prefers to treat all the forms under one head, that of "cachectic nephritis"—a retrograde step, which few modern physicians will assent to. At the same time he gives at length the characters of each of Rayer's *six* forms of Bright's disease, and enumerates the classifications of Johnson, Stewart, and others.

Two curious errors occur in the section devoted to the significance of tube-casts. At page 61 we read: "On post-mortem examination, cylinders are *never* found within the glomeruli; they are found in the convoluted tubes, especially in parenchymatous nephritis, as obstructive clots, hyaline in the centre and granular on their circumference." This is trite enough, but the next paragraph says: "To this condition my friend Prof. Béhier has applied the term 'endartérite oblitérante,' which, if it be of an aggravated nature, constitutes the condition designated by Dr. Johnson

the 'cloudy swelling.'" We are not told when Prof. Béhier applied this term, and cannot but conclude that there must be some misapprehension somewhere; we fail to see what connexion there is between "obliterating endarteritis" and "cloudy swelling" in relation to urinary epithelium. Lower down on the same page (p. 62) we are informed by Dr. Black that the scanty urine of acute nephritis is "generally much below the specific gravity of health," a statement of fact which is in disagreement with all experience.

A long section upon Fatty Degeneration, not containing any novelty except the statement that what the author calls "purulent degeneration" is allied to it, is followed by a review of the question of the vascular changes in Bright's disease. Dr. Black sides with Dr. Johnson in this matter, and holds that Sir W. Gull and Dr. Sutton, in their theory of arterio-capillary fibrosis, do not fulfil the conditions he has "laid down as essential to a scientific discussion of morbid processes—viz, that it should bear a relation to the departure from healthy action"—a sin which can hardly be laid to their charge.

We need not, however, devote more space to this work, except to quote the following passage, which illustrates at once the style and the spirit of its author. After advocating general bleeding in the treatment of acute nephritis, he says:—

"That general bleeding has done good in these cases the testimony of competent and reliable physicians abundantly proves, and that it will and ought to do good reason teaches us to believe. The reaction against general bleeding limits us to one or two conclusions: either nature cured inflammatory affections in times gone by, and the testimony and observation of the writers of those times are worthless; or the diseases of the one age are not curable by the means adopted in the other. To evade this peculiar dilemma the doctrine of change of type has been propounded—a doctrine I have no hesitation in pronouncing one of the most melancholy that could be advanced to flatter conceit, palliate scientific imperfection, and condone a contemptible subserviency to the caprice of fashion. Nature's laws may change, but man's judgment never."

Dr. Black also advocates mercurial treatment, and decries the use of diuretics, whilst speaking well of iodide of potassium, which is rather inconsistent. He also believes that diluents are harmful. In fine, he runs counter to modern doctrines generally, forgetting, it would seem, that even by the methods of treatment he despises results far more beneficial are obtained than by the employment of the effete yet vigorous measures which he recommends.

Transfusion of Human Blood. By J. ROUSSEL. With a Preface by Sir JAMES PAGET. Translated by C. H. C. GUINESS, B.A. London: J. and A. Churchill. 1877.

THERE is little need to say much concerning this *brochure*, which consists of a detailed description of the author's apparatus and method for performing direct transfusion, with which the profession is now tolerably well acquainted. This, the main feature of interest in the book, is preceded by an historical review of transfusion from the earliest times to the present, and is supplemented by notes of a few cases in which Dr. Roussel has performed the operation, and a table of fifty other cases treated from 1865 to 1877. Of this number "37 were men, 12 women, and one a child; 26 were complete recoveries, 12 partial successes, and 10 unsuccessful, in every case after some amelioration. All these were cases of extreme urgency, or after all other means had failed. Death in no case caused by the transfusion itself." Dr. Roussel appeals to the profession in England to give him opportunities for following out his method, but states that to ensure success it is absolutely necessary that the patient operated on by himself should remain solely under his supervision till the cure be completed. The brief preface supplied by Sir James Paget gives the work the stamp of authority, and will doubtless serve the purpose of attracting attention to the ingenious method of its author.

A Bit of Bulgaria. By HARRY LEACH. London: Simpkin, Marshall, and Co.

AT a period when so much interest is centred upon Bulgaria, Mr. Leach has done well to reissue some occasional papers he wrote a few years ago with regard to the part of the province now occupied by the Russian forces. Mr. Leach had to visit Bulgaria on a special medical mission in the autumn of 1865, and he then traversed a considerable portion of the ground and many of the places now occupied by the Russian invading army. Bulgaria has changed little in persons and things since that day, and Mr. Leach's description of what he saw in 1865 might serve equally well for 1877, before the Russian troops crossed the Danube. Although his papers pretend to be nothing else than a gossiping record of his journeys in the province, they are, perhaps, even more suggestive and interesting now than they were when first written, and they convey a more accurate notion of people and scenery, probably, than more detailed works. It is astonishing how vividly, by a few words of description and incidents of character, he brings before the mind the characteristic features of the district and population lying between the Danube and Kustendje and Varna. Graver interest is, moreover, excited by his account, from personal observation, of some of the earlier manifestations of that Circassian immigration which has exercised so important an effect, then unforeseen, in provoking the present war. We seem to be reading an episode at the beginning of the Bulgarian massacres in the following sentences:—"A few villages belonging to this eminently wretched people are scattered over the Dobrudscha, and a tribe of them has settled in a beautiful glen near the track between Kustendje and Varna. But the predatory habits of this miserable race render them utterly averse to any regular system of existence. Sometimes mounted on horses as bare and bony as their riders, with high sheepskin caps, long tattered coats, and haggard faces, carrying a long gun, which is scarcely ever used without a rest, they wander up and down the country, begging, borrowing, or oftener still stealing, a goose out of the many flocks belonging to Turkish and Tartar villagers. . . . Their hand appears to be against every man and every man's hand against them, and the eventualities of this unhappy race are still an unsolved problem in the *rôle* of Eastern politics." We commend Mr. Leach's "Bit of Bulgaria" as an instructive and useful hour's reading to those who take an interest in Bulgaria and its fortunes and the wider issues arising out of the Russo-Turkish war.

Transactions of the New York Pathological Society. Vol. I. Edited by JOHN C. PETERS, M.D. New York: William Wood and Co. 1876.

Established in 1844, almost contemporaneously with our own Pathological Society, the Society of New York has only now for the first time published a volume of Transactions. The volume contains a portion of the reports of the specimens and cases brought forward in the year 1875, and brief notices of similar specimens that have been from time to time presented since its foundation. Many of the latter, however, are so meagrely reported that their publication does not add much to the value of the book; but the reader will find many highly interesting and rare records in those presented during later years. A paper on the Pathological Effects of Alcohol, by Dr. J. C. Peters, read in Nov. 1844, and based upon an examination of seventy cases,

is of interest apart from the length of time that has elapsed since it was first read. A novel feature in the volume is, the practice of appending to the several sections a few remarks on the pathology of the subjects illustrated, culled from various pathological text-books. We may add that the volume opens with an account of the origin and rise of the Society.

THE WAR.

WE are now in a position to give some details of the medical arrangements of the Russian force engaged in the passage of the Danube at Simnitza. Four ambulances were detached for the use of the troops who forced the passage. One was stationed in the rear of Simnitza, another on the border of the inundation which had to be crossed before the left bank of the river was reached, a third on the bank of the stream, and the fourth followed the attacking force across the river, and established itself on the right bank in the rear. The whole of the arrangements were under the supervision of Dr. Kadatsky, as principal medical officer. Preparations were made for dealing with 3000 wounded, but the number which actually came under medical charge did not exceed 500. The principal ambulance in rear of Simnitza was formed of sixty *kibitkas*, or *yourts*—that is to say, Tartar tents—which were, for the first time, it is stated, brought into use for this purpose. We have the impression, however, that the kibitka has been used a little earlier in the war as a field-hospital by the Russian force in Asia Minor. Dr. Bergmann and Professor Korjenvosky had charge of this hospital, and they would appear to have been very well satisfied with the use of the kibitka. A doubt, however, was expressed as to the felt covering of the tent being apt to take up and retain infectious or septic matters, and the difficulty of disinfecting or cleansing the material. But the advantages the kibitka possesses for field transport purposes, in its ready transportability, its great durability, the facility with which it can be ventilated, and the excellent protection which it affords against the sun in summer, are insisted upon. Dr. Piotrovsky's suggestion—for to this gentleman the adoption of the kibitka for hospital purposes is due—will probably bear good fruit before the close of the war.

Dr. Kadatsky took personal charge of the ambulance which crossed the river in rear of the attacking force. This ambulance was at first stationed so close to the combatants that four of the subordinate attendants were quickly disabled by wounds, and the ambulance had to retreat nearer to the bank of the river, and move out of the range of fire.

The number of wounded in the passage was 468 (the killed were 38, and the missing 53)—a sufficient number to admit of the plan devised by the Russians of passing the wounded as rapidly as possible to the rear of the army and into the interior being tested practically. The plan worked so well that the very day of the battle 45 of the wounded were sent on to Piatra, and the day following 200 more were sent, leaving 100 only of the more seriously wounded in the hospitals near the seat of the engagement.

The sanitary trains engaged on the Roumanian lines of railway in transporting the sick and wounded into the interior of the province or to the Russian frontier, consist each of thirty carriages specially fitted for the purpose, with a staff composed of a delegate from the medical department of the army, a delegate from the Red Cross Society, a delegate of the Minister of War, three physicians, four or five sisters of charity, nine brothers of charity, four hospital assistants, twenty-five male attendants, and five railway engineers and guards.

The Times of the 18th inst. published a letter from a special correspondent with the Russian army in Asia Minor, which contained information of the working of the Red Cross Society with that army, and some curious, and probably mistaken, statements as to the use of stimulants by the Russian surgeons in the treatment of the wounded.

The following return of killed and wounded in the Russian army from the 22nd June to the 7th July is made public:—Europe: killed, 369; wounded, 525; killed, wounded, or disappeared, 35. Asia: killed, 188; wounded, 622; killed, wounded, or disappeared, 1656. The total number of killed, wounded, and missing since the beginning of the war to the date given is stated to be 4464.

At the beginning of the present month (July) the general arrangement and local hospital provision of the Russian Red Cross Society, in the interior of Russia, were as follows:—The number of local associations and committees engaged in organising and maintaining hospitals throughout Russia in Europe was 200. These have been arranged by the general direction of the Society in ten divisions, each under the control of a general delegate of the Society. The divisions, with the hospital accommodation provided in each, are thus stated:—1. The Governments of Bessarabia and Kherson, 24 hospitals, 2000 beds. 2. The governments of Taurida and Catherinoslav, and the province of the Don Cossacks, 500 beds. 3, 4. The governments of Podolia, Volhynia, Kiev, Tchernigow, Poltava, Kharkov, and Kursk, 3840 beds. 5, 6. The governments of Smolensk, Orel, Voronege, Tambow, Kalouga, Toula, Riazan, and Moscow, 5300 beds. 7. The governments of Tver, Yaroslav, Kostroma, Vladimir, and Nijni-Novgorod, 2250 beds. 8. The governments of Kazan, Simbirsk, Penza, Samara, and Saratow, 2250 beds. 9. The governments of the Vistula and the North-West; and 10, the governments of the Baltic. In these two latter divisions, and in the extreme provinces of the north and east, movable hospitals will alone be organised for the purpose of reinforcing the hospital provision of the other divisions.

For the purpose of conveying the sick and wounded from the seat of war to the hospitals in the several divisions, the Red Cross Society has at its disposal ten sanitary trains. These trains are provided and furnished at the cost of the Government, and each is capable of carrying 200 patients. The total number of beds maintained by the Russian Red Cross Society in the interior of the Empire at the present moment is 16,000.

CROTON CHLORAL IN PERTUSSIS.

To the Editor of THE LANCET.

SIR,—In your issue of the 23rd ult., Mr. A. Milson Roberts stated his experience of the value of croton chloral in whooping-cough, and having at the time several cases of whooping-cough under my charge in this workhouse, I resolved to give the drug a careful trial. All the cases were under two years of age, the youngest being a child ten months old. In one of the cases, that of a child eighteen months old, the disease was of a very violent form. The paroxysms were frequent, prolonged, and distressing, and were accompanied by profuse epistaxis.

I prescribed one-grain doses of croton chloral every four hours night and day, and satisfied myself that it was administered according to this direction. By the morning of the fourth day after the exhibition of the drug there was a decided improvement, the paroxysms being less frequent and less severe; by the seventh day they were still gradually abating. I then ordered the dose to be given every four hours during the day only, and by the eleventh day all the symptoms had disappeared.

The other cases were not so severe, and a complete cure was effected in them all in a few days. With equally good results I continue using it in all other cases of whooping-cough, and I have observed no ill effects in any from its use.

I am, Sir, yours faithfully,
W. M. DUNLOP, Res. Med. Off.

St. Pancras Workhouse, King's-road, N.W.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—At a quarterly court of the directors of the Society, held on Wednesday, July 11th, the President, Sir George Burrows, Bart., in the chair, a sum of £1324 10s. was distributed among sixty widows and thirteen orphans. The new grants made at the meeting amounted to £172 per annum. Three widows and one orphan were admitted as recipients of grants. Two new members were elected. The deaths of five members were reported, that of Mr. George Cooper, V.P., being one of the number.

THE LANCET.

LONDON: SATURDAY, JULY 28, 1877.

THE current number of the *Journal of the Statistical Society* is enriched by an abstract of Dr. STEELE'S essay on the Mortality of Hospitals. The figures which are given, and the reflections which are made upon them, are alike excellent, and will do much to dispel many of the ideas which are current on the subject. The collateral circumstances which have to be taken into account in considering the mortality of any institution are so numerous that it is always hazardous to draw conclusions from the figures, and, although Dr. STEELE has given us a most elaborate set of tables, it must be admitted that the conclusions to be drawn from them are not of a very definite kind. A glance at the following return for the four years 1872-75 is calculated to set the reader wondering as to the possible causes of the different results in different institutions.

Hospitals.	Beds.	Average No. of patients.	Days in hospital.	Activity.	Mortality per cent.
St. Bartholomew's	650	5548	33	8·5	9·3
St. Thomas's	573	3167	36·3	5·5	11·73
Guy's	650	5725	38·7	8·8	10·26
Westminster	190	1874	25·5	9·8	8·59
St. George's	353	3263	25	9·2	8·82
London	602	5566	33·7	9·2	11·34
University	154	1756	27·5	11·4	11·46
King's	172	1768	28	10·2	12·72

It is exceedingly likely that the percentage mortality in the foregoing table is no evidence whatever of the healthiness or otherwise of the various institutions, so very different are the classes of cases which gain admission to different hospitals. By "activity" (which is a word of our own, and for which Dr. STEELE is not answerable) we mean the number of times each bed is occupied during the year, and the number is got by dividing the number of patients by the number of beds. This, it is maintained by many, is a most important factor in determining the healthiness or otherwise of a hospital; but a reference to the table shows that an institution which has the highest mortality but one is by a long way the last in the matter of "activity," while the hospital which shows the highest degree of "activity" is fourth on the list in the matter of mortality. In point of fact, the difference in the mortality of the general hospitals of London is too small to draw from it any conclusions as to their hygienic condition. It would, of course, be a great error to suppose that the percentage mortality, or even the frequency of occurrence of hospital diseases, is to be taken as the sole criterion of the condition of any particular hospital. It is a well known fact that in some institutions recovery takes place more rapidly than in others, and that there are many unwholesome conditions for which as yet we have neither a Latin nor a Greek name which very seriously impede the convalescence both of medical and surgical patients. The health of the resident staff ought always, we think, to be taken into account in estimating the healthiness of a building. Tonsillitis and chronic malaise persistently occurring among the resident officers ought to be considered as second only in importance to erysipelas and pyæmia in estimating the hygienic condition.

The percentage mortality of Guy's Hospital for each decade since its establishment in 1725 to 1876 is as follows:—14·4, 13·8, 14·8, 12·6, 11·1, 10·2, 10·4, 10·2, 11·6, 9·9, 9·9, 9·8, 9·7, 9·1, 9·7, 10·6. There is here shown a very sensible improvement of late years, which is all the more important when one bears in mind that the class of cases now under treatment is certainly of a more serious kind than formerly was the case. Whether the lessened death-rate is more than can be accounted for by the general lessened death-rate both in and out of hospitals is doubtful. At all events these figures lend no credence to the supposition, which might reasonably be entertained, that Guy's has become imbued in course of years with deadly hospital miasms. If we are to be guided in any way by these figures, they would tend to prove the danger, not of old, but of new buildings. The mortality of St. Thomas's points strongly in this direction. Taking succeeding periods from 1791 to 1876, we find the percentage mortality to have been 7·97, 6·45, 6·36, 8·42, 7·76, 11·36 (transition period), 12·15 (new building).

The amputation-record of Guy's Hospital shows conclusively that something (possibly increased knowledge of surgery) has been at work to lessen considerably the mortality after amputation of the limbs. Dr. STEELE has chosen for comparison only cases of amputation through the shafts of bones, and in no case has he included amputation of more than one limb on the same person. In the forty-three years ending 1838, there were only 72 amputations of all kinds (less than two a year), and the mortality was 51·3 per cent. In the next ten years there were 169 amputations (nearly 17 per annum), with a mortality of 36·6 per cent.; and in the last twenty-five years there have been 473 amputations (19 per annum), with a morta ity of 35·8 per cent.

If the value of the mortality statistics of the general hospitals is doubtful, there is no room for doubt when we come to consider the question of lying-in hospitals. From the Registrar-General's returns, it appears that the mortality of lying-in women in England and Wales is at the rate of 5 for every 1000 children born alive. This figure is probably a little below the mark, but certainly not much, for a summary of 74,850 cases of midwifery attended in the past twenty years by the students of Guy's, St. Bartholomew's, and St. Thomas's, shows that the mortality among mothers has only been 4·1 per 1000. The figures given by various lying-in hospitals compare very unfavourably with these. Thus, in the Rotunda, at Dublin, 198,481 cases of confinement have been attended with 2778 deaths, being equivalent to a death-rate of 13·9 per 1000. The British Lying-in has shown a mortality of 15·1 per 1000 in 25,892 patients, and the City of London Lying-in Hospital a mortality of 13·5 per 1000. "But," says Dr. STEELE, "the hospital which, above all others in the country, has tended to throw discredit on lying-in institutions by reason of its high mortality, is that known as Queen Charlotte's, instituted in 1752, for the reception of married as well as single women." The mortality, it appears, has averaged 20·4 per 1000 in the old building, and 28·8 in the new. "The building has

accommodation for forty beds, and does not appear to have suffered from overcrowding, the mortality being at its highest in the years 1859 and 1860, when it marked a mean of 84·3 and 70·3 per 1000, while the total numbers treated in these years were among the smallest annual averages."

The causes of extra mortality which are to be found within hospitals themselves are undoubtedly overcrowding, dirt, bad water, bad drainage, bad diet. The science of dietary we are at least beginning to understand, and the same may perhaps be said with some certainty of the questions of overcrowding and water-supply, and with less certainty of drainage. We believe Dr. STEELE to be quite in the right in laying much stress on dirt as a great cause of the unhealthiness of hospitals. Doctors and nurses alike ought ever to keep a wary eye for dust-lurking corners and every form of impurity. Mr. SIMON has said that a hospital "never rests from fouling itself," and that institution is certainly fortunate which is under the sanitary control of one who has the will, the knowledge, and the authority to compel those who are under him to attend to those numerous details which determine the well-being or otherwise of patients and of institutions.

Nothing shows the almost hopelessness of getting certain information from the handling of masses of figures, unless the greatest caution be observed, than by contrasting Dr. STEELE's figures with those which have been lately published by Mr. LAWSON TAIT. Mr. TAIT, for instance, asserts that the margin between the average number of full beds and the total beds is very important in determining hospital mortality, and he compares University College and St. Bartholomew's, the one to show the evil effect of a small margin, and the latter the good effect of a big one. Notwithstanding, we find in Mr. TAIT's own figures that in 1861–70, when the margin of empty beds at University College was thirty-four, the mortality was 14·26 per cent., while in 1870–75, when the margin was less than seventeen, the mortality, instead of rising, had fallen to 11·91. Clearly at this hospital the mortality is dependent upon causes other than the bed-margin. Again, Mr. TAIT asserts that St. Bartholomew's is as active as University College, whereas in reality the activity of the two is as 8·5 to 11·4. Mr. TAIT further asserts that length of residence and percentage of mortality bear a direct proportion to each other, an assertion which is strangely contradicted by Dr. STEELE's tables. When two statisticians are in such opposition, we may well be excused if we come to the conclusion that the comparison of the figures furnished by general hospitals is not likely to be of much service, although the comparisons of mortalities for the same diseases under different conditions may be full of instruction.

THE time has arrived, and the moment is propitious, for a serious expression of opinion on "the drink question." The standpoint from which we regard it is *medical*. Taking this view of the matter, we have no hesitation in declaring that the true and safe course in dealing with the issue lies midway between the extremes of excess and total abstinence. It is doubtless better to abstain altogether than practise excess in the use of stimulants, but a legitimate use without abuse is prescribed by considerations of science and experience. "Teetotalism," like most negative systems, which greater zeal than knowledge prompts well-meaning but short-sighted thinkers to clothe with positive attributes, is the universal application of a limited truth. There are individuals so weak-minded, and so much the creatures of impulse, that once tasting an intoxicating beverage, and experiencing its stimulant effects, they throw the reins of self-government on the neck of desire, and the passion for drink runs away with them. Such persons are not entitled to great consideration, and can claim no respect. More moral and social good would be effected by denouncing the impotence of will—a consequence of bad training or vicious self-neglect—which makes men and women the slaves of their appetites, than coaxing them to abstinence by "example," and associated expedients. In the long run, a direct method of meeting evil, particularly a vice of the will, is more likely to be effectual than tactics which, for example, would lead to a general prohibition of bathing because there are unfortunately persons who plunge recklessly into the sea, and, not being able to swim, drown.

Abstinence is not temperance, either in fact, purpose or mental and moral effect. The individual who abstains lest he should indulge to excess avoids a peril, while he who uses temperately what he is, perhaps, inclined to abuse, converts the danger into an occasion of triumph, and strengthens his faculty of self-control by restraining his appetite. It is impossible to train the will to self-government in the absence of what is called "temptation": as well try to teach the safe use of fire-arms by locking up the powder and putting away the guns. Unless we were prepared to eliminate stimulants from the list of necessaries—to say, in fact, that alcohol in all its forms should be counted a medicine and only employed as such—we could not approve the "teetotal" movement as a method of social improvement. It would, in our judgment, be impossible to take the position indicated with regard to alcoholic stimulants without doing violence to truth; and we may, once for all, state clearly that it is in the interests of moderation, not total abstinence, we strive to bring about reforms having for their immediate object the restraint and interdiction of excess. We think wilful intoxication should be treated as a crime, and visited with penal consequences, as a nuisance to society and an injury inflicted on the race. If the practice of excess be a disease, it should be met by measures directed for the cure of the malady, whether physical or mental; and if that be incurable, the victim must be *kept in restraint*. The time has come to deal boldly with the national vice. The situation admits of no sentimental trifling. Drunkenness is a misdemeanour in the individual, and it produces disastrous results, apart from personal perils, on those around. The liberty of the subject does not require that indulgence should be looked upon with leniency. The drunkard unmans himself, and he has no strong claim to the privileges of citizenship. For the time he is an animal, nothing more, and just as the interests of the community require that a furious dog or bull should be captured, the human animal intoxicated and deprived of self-control should be restrained. It matters nothing to the question of personal liability how the intoxication may have been produced, or whether it is much or little in effect. These are considerations relating to the treatment of each individual

case. The proposition we affirm is this: every drunken person should be liable to arrest, and be subsequently dealt with as a maniac or a misdemeanant. So much for the social and police view of the question. The position we assume can scarcely be misunderstood.

It follows that needless facilities for the supply of intoxicating liquors must be regarded as traps. Probably the number of public-houses in most of our large cities and towns might with advantage be reduced by one-half. It is not necessary that at every few steps the drink-loving citizen should encounter an attractive bar. The most generous interpretation of his claims upon the community does not point to this doubtful boon. As it is, public-houses are more numerous than bakers' shops, although the need of stimulants must stand to that of ordinary food in a very small ratio. We are not prepared to recommend that the power of licensing taverns should be transferred from the justices to some other authority, because those who administer the law of order constitute the most suitable executive to control a trade which may be easily abused; but it must be abundantly evident that by licensing nearly cent. per cent. of public-houses more than are necessary, magistrates have made out a strong case against the permanence of their jurisdiction. They would seem strangely ignorant or neglectful of their duty, if not absolutely unfit to be entrusted with its discharge. The permission to sell spirits, wine, and beer in ordinary shops is a curious instance of well-intended wrong-doing. The promoters of this trade were, doubtless, animated by a desire to minimise temptation. They judged that it was expedient to protect those who required stimulants for home consumption from the peril of going to a public-house. It would have been more reasonable to deprive the tavern of its injurious characteristics.

We utterly fail to discover any sufficient reason why drinking bars should be allowed. The number of foot passengers—through ordinary thoroughfares—who require to refresh themselves on the way between their places of business or resort and home is very small. It is chiefly on the proceeds of a trade in which drinking is the excuse, and "company" the object, nine out of every ten taverns are maintained. The English workman likes his beer, and we doubt whether he will ever be induced to take to tea or coffee instead, but it is not the love of drink that takes him to the public-house night after night, and keeps him there until a paternal Legislature turns him into the streets, or his wages are spent. The counter attraction to the public-house as at present administered should be a respectable class of *café*, in which occasional drinking by chance customers is discouraged or disallowed, but where, within due limits, the honest man may enjoy his pipe and his glass unmolested. These stand-up drinking-bars, where pedestrians drop in to have a "nip" or a "drain," are the curse of the community, and for a reason which brings us back to the point upon which it is necessary to take a stand in this question, and on the importance of which we cannot too strongly insist. We oppose the sale of intoxicating drinks at grocers' shops because it offers a special facility for secret drinking. Taking "drops" of spirit at odd times is the evil of the day. It is not drinking in moderation with food that does harm, but imbibing stimulants between meals to appease a sense of need which recurs when the temporary relief is past. It is to this morbid propensity the public drinking-bar appeals, and the bottle of spirit or wine in the cupboard acts precisely in the same way. Let the grocers' licence be withdrawn, and promiscuous drinking at "bars" be interdicted, and the prevalence of drunkenness will be sensibly decreased, one of the worst of our social evils being relieved, if not wholly remedied.

IN a note communicated to the Académie des Sciences at a recent meeting, by M. FRANCOIS FRANCK, he states that he has been able to take a series of measurements of the heart, by which he has ascertained experimentally the proportion between the systolic diminution of the volume of the heart and the amount of its discharge. His first experiments were made on the isolated heart of the tortoise, the circulation being maintained artificially; but subsequent experiments were made on dogs, in which the cavity of the pericardium was connected with a MAREY'S registering apparatus, the thorax having been previously opened by means of the thermo-cautery. He finds that the acceleration of the cardiac pulsations caused in the dog by section of the vagi is accompanied by considerable augmentation of the arterial pressure, whilst the acceleration provoked by direct excitation of the accelerator nerves is not accompanied by any increase of pressure. The study of the changes of the volume of the heart in these two conditions has led to the following explanation of the differences observed. After section of the vagi each systole of the heart preserves its original discharge, and the increase in the number of strokes produces in the same time a more considerable discharge; on the contrary, during the excitation of the accelerator nerves, less blood is discharged at each systole than before, and the total amount in a given time not being increased, the pressure remains unchanged. He notices that during this acceleration the heart is caused to diminish in bulk by excitation of the nerves of the first thoracic ganglion, and discharges less blood because its diastoles are less complete.

M. FRANCOIS FRANCK has further modified the discharge from each of the two hearts by various proceedings, as by direct compression of the aortic and pulmonary trunks, and by making the peripheric vessels contract by direct or reflex irritation of the vaso-motor nerves, both of which acted on each ventricle in the same manner. Their discharge was diminished, and their general volume was augmented. Similar results were obtained on slowing the pulmonary circulation by tracheal insufflation, and by the injection of air into the pulmonary vessels. When the arterial pressure was greatly increased the rhythm of the contractions was interfered with, became slower and irregular, which he believes to be partly due to increase of the intracranial pressure, since similar results can be obtained by experiments in which the pressure in the encephalic vessels was artificially augmented by direct injection (BROWN-SÉQUARD'S method), but partly also to the augmentation of the intracardiac pressure, either in consequence of its mechanical action, or owing to its influence on the ganglionic apparatus of the heart.

The amount of fluid discharged from the heart has also

been found to be modified by counter-pressure exerted on the surface of the heart within the pericardium by means of compressed air.

The variations in the volume of the heart have yet again been studied by the measurement of the pressure of the air in the trachea during stoppage of the respiration; the principle being that the heart in dilating drives out the air contained in the lung, whilst during its systolic contraction it creates around it a negative pressure, which becomes added to the thoracic aspiration, and determines a flow of air to the lung. If, at the same time, the external pulsations of the heart are examined, the opposition of the two curves, tracheal and cardiac, during the systole of the heart may be demonstrated. If, however, the tracheal exploration be made on an animal the thorax of which has been opened, the indications correspond to the variations of the total calibre of the pulmonic vessels; the heart being unable to act on the lung in consequence of the suppression of the pleural aspiration. In man the indications of the changes in the volume of the heart can be obtained by placing in the mouth the tube of transmission of an air-registering apparatus, the glottis being open whilst the breathing is stopped. It has been thought that the pulsations then observed correspond to the beats of the heart transmitted by the lung, but it is easy to show the contrary by superimposing the two orders of curves, the bucco-tracheal pressures and the external pulsations of the heart. If the glottis be closed the buccal curves correspond to the sum of the pulsations of the pharyngeal, buccal, and nasal arteries.

WE do not seem to make any rapid progress in the reform which all are agreed is very generally necessary in the administration of the out-patient departments of our large hospitals. The present system of indiscriminate admission of patients is, we are told, rapidly pauperising those who should be independent, and the workman who "begins by taking physic ends by taking food from charity." The town of Birmingham has, it is said, since the introduction of Hospital Sunday, and the consequent increase of its hospital funds by some £12,000 per annum, witnessed a great increase in its medical paupers. It is alleged that whereas in 1867 one in five only of the population received gratuitous medical relief, during the last year the proportion of medical paupers to the rest of the population was as one to three. These figures, we take it, are not to be accepted without question, and we trust they may admit of some explanation. The principle of distribution of the Hospital Sunday funds has been, as a rule, that those who do the most, or can show the most work upon paper, get the most money. It may well be that this state of things has led to a change in the mode of counting out-patients: possibly attendances are counted as patients, and one chronic veritable invalid pauper may in the annual statement figure as a most important noun of multitude, and cause an apparent increase of the ratio of paupers to non-paupers, when in reality no such increase exists.

Again, it is far from improbable that many who contribute to the collections on Hospital Sunday do so with the full intent of having their money's worth out of the charities; and, when they "cast their bread upon the waters" after the hospital sermon, they are actuated by the belief that

> "The bread comes back in many ways,
> An' buttered, to, fer sartin."

It is not be wondered at also that when the good points and great value of our medical charities are forcibly brought before our congregations, many of the members of which were possibly in ignorance almost of their existence, a greater competition for sharing in the benefits of these charities should arise.

Whatever may be the explanation, we fear there is no escape from the fact that a very great abuse of our medical charities does exist. We do not believe that this abuse is of the kind which many suppose it to be. The rich person who puts on the garb of poverty for the purpose of filching an opinion and medicine from a public charity is a very great rarity indeed, and may be regarded as practically non-existent, except in the minds of a few persons who love to see their names in print. We do not believe that this form of dishonesty is more common in public than in private consulting-rooms.

In deciding whether or not a person is a fit subject for medical relief at a public charity two things at least must be considered: (1) the relation of income to family; (2) the disease from which the patient is suffering. We entirely repudiate the notion that respectable indigence is to have no admission to our public consulting-rooms, and that the struggling clerk, with a decent coat and a large family, is always to give way to the suit of fustian or the rags of the hopelessly improvident. We must never forget, also, that disease is actually the most potent pauperiser we have, and that many a man who would scorn to eat the bread of dependency while in health may be compelled by an attack of consumption to break up his home and seek relief at a hospital. The man who spends his excess of wages in educating himself and his family, and in making his home and his belongings "decent," is surely a more fitting object for encouragement in times of trouble than the man with equal wages who ruins his health by drink and keeps "St. Monday" by coming to the hospital reeking of gin and tremulous from the previous night's debauch. Those who are in the habit of seeing hospital out-patients on a Monday well know that it is the heaviest day of the week, that many of the patients never come again, and that not a few of them come merely to save the penny which they would have to give for an "antibilious pill" at the chemist's hard by, and which long experience tells them it is advisable to take on Monday in order that they may be ready for Tuesday's work. This is the class of patients with whom we have no sympathy; they are mostly artisans who earn or might earn large wages, and who, were their habits more temperate, would not need medical advice of any kind. We very much agree with Mr. HOLMES, who wrote on this subject in our columns a fortnight since. He says: "Our out-patient rooms ought to be, and might be, made very important centres of medical and surgical teaching, and also important consultation departments; that is, places where persons who cannot afford a fee can obtain opinions for their own guidance and that of their medical attendants, in the same way as richer persons do by consulting the same class of practitioners at home."

We certainly think that evidence ought to be forthcoming, in the great majority of cases, either that the patient is positively impecunious, or that he has previously taken some independent steps, at a provident dispensary, medical club, or elsewhere, to obtain relief.

The great barrier to successful teaching in out-patient rooms is the crowd of persons who seek advice. A physician who sees a reasonable number of new patients in an afternoon might have time to make a thorough examination of the patient, to prescribe scientifically and effectually, to instruct others, and to learn something himself. With a crowd of 150 or more each of these desired objects is clearly not attainable.

Annotations.

"Ne quid nimis."

HOME HOSPITALS FOR THE WELL-TO-DO.

WE learn from the public journals that a meeting of the committee of the Home Hospital or Invalid's Home Association was held on the 20th instant, at the Mansion House, under the presidency of the Duke of Northumberland. The committee decided to establish homes on the principle which has been suggested—namely, that of making them self-supporting,—and to make an appeal to the public for funds to the extent of £20,000, to enable them to open one or more homes. The idea of establishing a company or association on the limited liability principle seems to have been abandoned, and in its place the committee appear to intend to substitute a plan which is still more open to objection. To quote the report:—"Taking as their model the principle laid down in the governorship of some of the public schools, they had decided to solicit contributions either as subscriptions conferring certain privileges, or as free gifts. They proposed that every contributor of 50 guineas and upwards should be regarded as a governor of the Association, with the following privileges: Eligibility to serve on the Committee of Management (who will be selected from the governors), priority of admission to the homes, and power to nominate patients. Other donors would have privileges according to the amount of their donations."

It will be seen that in this way one of the most objectionable features of modern hospitals—namely, that of governors' and subscribers' letters—is to be introduced, where it should have been most rigidly excluded. We allow that there is always, in such schemes, the difficulty that the public will not part with their money without a *quid pro quo*, and the promoters must get over the difficulty as best they can. But of two evils they have certainly chosen the worst. If we suppose for a moment that the patients will in all cases pay the full sum for their accommodation which is named in the regulations, there will still be certain obvious practical objections to the plan. In the first place the Committee of Management will be composed only of those who have given large sums, and will exclude those in whom the public would have more confidence, but who are not "qualified" by a large subscription. Still more objectionable is the right of "priority of admission, and the power to nominate patients." One of two evils must result. The class of men who give 50 guineas and upwards are not likely to make use of these hospitals for themselves or their families, except in very rare cases. But it will be an easy way of bestowing charity on hypochondriac and valetudinarian relatives with limited means, or even for chronic and incurable cases to get admission into the cheapest of the rooms there provided. And if this does not choke up the whole of such accommodation, what will be the position of those persons of limited means, and with few friends, who seek admission, perhaps for urgent sickness or operation? To ensure speedy admission they must go and beg a governor's recommendation—in fact, be recipients of charity, before they can be allowed to avail themselves of that for which they are supposed to pay the full monetary value. And seeing that the very object of these hospitals is to provide accommodation for those whose position or independence of character makes them unwilling to go into ordinary hospitals, can they be expected to sue *in formâ pauperis* for admission?

But we fear another evil would result. Is it clear that patients thus recommended would pay the full sum for their maintenance? The payment is to be graduated according to the extent and comfort of the accommodation. If all the cheaper class of rooms are full, will it not be open to the managers to admit such patients to a better class of accommodation at a lower rate of payment, to please some influential governor? And will not this be likely to lead to abuse, and to the general discredit of the hospitals in the public estimation?

If the promoters of the scheme desire honestly to carry out the idea, which has received such large support from the public and the profession, they must beware how they lay themselves open to such objections as these. Those who have given their names as approving of the establishment of such hospitals will have a right to complain that they have been misled into giving them, when they find that such a plan as this is substituted for the original one. The undertaking ought to be carried out on a thoroughly honest and straightforward basis, and on commercial principles, and nothing which can lead to a suspicion of influence or favouritism should have a place in the regulations.

THE THERAPEUTICS OF ACUTE RHEUMATISM.

IN April of last year we directed attention to the apparent discovery by Dr. Maclagan of the fact that salicin has the power of controlling the process or the processes which constitute rheumatic fever. The cases upon which Dr. Maclagan's conclusions were based were published in THE LANCET a few weeks previously to our editorial comments. We ventured to magnify the importance of the discovery, and felt ourselves happy in being the medium by which it was disclosed to the profession. We revert to this subject mainly for two reasons. First, because, as an isolated fact, the influence of salicin and its various preparations—though it has excited great attention—is still inadequately realised. The Medical Council is, by law, the custodian of the Pharmacopœia. It has met twice since the facts noticed by Dr. Maclagan and by various subsequent observers were published; but it has never deigned to notice this drug, and though prescribed by every physician, and possessed by every druggist, it is conspicuous by its absence from the British Pharmacopœia, and by being unnoticed by the Pharmacopœia Committee. On the last occasion, the Council sat thirteen days, but was occupied on much more transcendental matters than the curtailment of rheumatic fever. If the Council were not so preoccupied with the mere politics of the profession, and the interests of the various examining bodies, it would have time to receive something more from its Pharmacopœia Committee than a mere return of the number of copies sold, the number in hand, and the balance at the bankers. But this is the monotonous and commercial character of the report of the Pharmacopœia Committee year by year. It is a much more serious and remark-

able illustration of the inadequate notice of salicin that neither it nor any of its preparations is mentioned in a recent work on Therapeutics of great and deserved authority.

Such facts only make the general and ready acceptance of the remedy by the profession more remarkable. Few would, perhaps, be ready to go so far as Dr. Broadbent, who, in the *Practitioner* for February, uses these remarkable words: "I have yet to see the case of genuine acute rheumatism, without complication, in which the pain is not entirely gone, and the temperature normal, after six consecutive doses of twenty grains, at intervals of an hour on two successive days." But there are few practitioners who have reported themselves as disappointed in the use of this drug, or, to put it at once strongly and carefully, more disappointed than in the use of quinine for ague. There has not been, in fact, such a consensus of medical opinion on any therapeutical question for many years as on the power of this drug, in one form or other, to cure rheumatic fever.

Our second object in again giving prominence to the influence of salicin and its preparations is to direct special attention to the scientific bearings of the fact—for we may assume now the fact—that rheumatic fever is greatly curtailed and controlled by salicin. It will be remembered that Dr. Maclagan came to use salicin from holding a notion of the malarious origin of this disease. He inferred that as salicin had antiperiodic virtues like quinine, it would cure rheumatic fever. This may, and we think will, turn out to be a striking instance of a good conclusion being reached from false premises. We shall see directly that Dr. Maclagan was not the first to fancy an analogy between an ague and a rheumatic fever. Rheumatic fever we take to be essentially a diathetic disease, associated with a certain kind of constitution, occurring more in certain families than in others, and, unhappily, by no means confined to marshy situations. It is not a new fact in therapeutics to find a remedy capable of controlling such a disease, but it is a new fact to find a remedy so capable and powerful for this purpose. The introduction of the clinical thermometer gives much greater precision to our present clinical observations and conclusions. When we see a rheumatic temperature of 103° or 104°, with all the miserable accompaniments of pain, changed in two or three days to a temperature of 98½°, pain gone, and sleep and appetite returned, we are apt to think that we are witnessing a perfectly new fact in therapeutics. But there were probably great approaches to this success in the treatment of rheumatic fever with bark by Haygarth, Copland, and others, and with quinine by Briquet, Legroux, &c. Haygarth's words—and he probably learnt the use of bark in this disease from Fothergill, who used it for rheumatic fever on the ground of a supposed analogy between it and ague—are remarkable: "For many years I have been thoroughly convinced that the Peruvian bark has a much more powerful effect in rheumatic fever than any other fever, and that it does not even cure an ague so certainly and so quickly." Many physicians think that the alkaloid of bark, quinia, has similar power over rheumatic fever. The whole subject needs the scientific and sustained attention of a number of careful observers. It is of great importance. Not only individual lives, but family histories, will be affected by the confirmation of the power of salicin or of quinia over the disease. But do let us settle the question once for all. The notes of rheumatic fever left to itself are very clear—pyrexia, sweating, joint-pains, extending distressingly over weeks. The physicians of the last century had hold of the notion that they could control this common disease. We have the same notion, coupled very much with the same theories and the same kind of medicines. But there has been a long night of uncertainty and vacillation. Let us have light on this question. It is a definite one, and it is very urgent. If it can be satisfactorily settled, therapeutics will be raised in the estimation of mankind.

OFFICIAL MEDICINE IN ANCIENT ROME.

THE mistress of the antique world was, we fear, by no means so careful of her sick poor as are the capitals of the countries into which she subsequently fell. In the Rome of the Republic, the patrician would see that a wounded or ailing client was attended to by his private physician, who was generally a Greek and always a slave. After Julius Cæsar, however, at whose instance practitioners of the healing art were admitted to the franchise, are found the germs of what the French call an "assistance publique." We find, for example, on a funeral inscription, that each of the four groups into which the performers at the vast "circenses" were divided had its divisional surgeon. Still later in the imperial history, when gladiatorial exhibitions became in constant demand, gladiators were furnished by contract, and in the contract medical attendance was always an expensive item. The emperors and the high functionaries of State had quite a staff of physicians and surgeons attached to their houses. But even down to that time we discern no organisation of medical charities. True, there were associations or "collegia" of artisans, many of them ancient, and all of them so powerful that senatorial decrees hardly affected them; but the medical assistance they employed and paid for, pretty much on the system of our working men's clubs, could not be called charitable. Pagan Rome, in fact, did nothing for the poor, who, if attended to in sickness at all, owed such attention to the bounty of their rich patron.

In the other Italian cities there were "archiatri," and in these we find something approaching the dispenser of gratuitous medicine. The "archiatrus" was never heard of before the reign of Nero, who was attended by one called Andromachus, whence it has been supposed the medical functionary so called was a physician who waited upon princes. But Dr. René Brian, the librarian to the Académie de Médecine, whose treatises on the profession under the Romans are as ingenious as they are scholarly, shows that there were several categories of "archiatri," and that, while some, like Andromachus, might be attached to the Court, others had an official or public appointment, for which they enjoyed a salary and certain privileges. Greece was far before her Latin sister in the institution of archiatri. Her civic magistrates were in duty bound to superintend the sanitary well-being of their respective communities, and this duty they made a means of self-ingratiation with the people. The archiatrus, if especially skilled, would be in request with more than one municipality; and Herodotus mentions Democedes of Crotona, for whom rival cities outbade each other, Ægina giving him 1 talent (5500 francs), Athens 100 minæ (9200 francs), and the Prince of Samos 2 talents (11,000 francs). From Greece this employment of archiatri passed into Southern and Central Italy, but it was not till A.D. 368 that it was adopted by Rome. In the Theodosian code (book xiii.) we read that there have been instituted as many archiatri as there are regions or quarters in the city; and that these physicians, knowing that their salaries are drawn from the people, attend the poor in preference to the rich. When vacancies occurred in their "collegium," they were filled up by the vote of the surviving members, and this vote was submitted for ratification to the emperor. These archiatri were especially charged to attend the poor, and Dr. Brian thinks that Rome would never have enjoyed such a charity but for the spread of Christianity. In the country, the curia, or, as we should say, the town council, elected them, while the chief

proprietors acted as assessors on the occasion, and owed this privilege to the heavier rates they disbursed for the maintenance of the institution. The archiatri, it should be added, were bound to train pupils; but this obligation was binding only in the country, for Rome already had her "Schola Medicorum"—an establishment which was at once a "medical school," an "academy of medicine," and a "medical club."

THE GROCER'S LICENCE AND PARLIAMENT.

THE LANCET protest against the Grocer's licence, signed by 920 medical men, was the subject of a question to the Home Secretary in Parliament on Thursday last. Mr. Dalrymple inquired if the "memorial" had been brought under the notice of the Home Office. Our position in the matter, as we have explained to the Secretary of State, is this. The statement signed is *not* a "memorial"; nor are we commissioned or desirous to use it in that character. It is a deliberate "protest" by a large body of men well placed for actual observation, against what they believe to be the disastrous effects of this trade as an encouragement to secret drinking. It has been asked whether intoxicating beverages are the more deleterious because they chance to be purchased at a grocer's shop instead of at a publican's. We have made no such insinuation. Nor can it be alleged that those who purchase drink do so at a disadvantage when buying from the general tradesman. Our contention has been, and is, that a class of persons who did not drink before the licence was instituted have been led to form habits of intemperance by the opportunity of procuring supplies unknown even to their near relatives. We believe and assert that respectable women drink now who did not drink before. That, in fact, they have a bottle in use to which they can repair at pleasure, and that can be easily replenished without the exposure incurred in visiting a public-house. This is a great evil, and against its development by a needless and mischievous statute we protest. All the information we possess is at the disposal of the Government, the Legislature, or any commission which may be appointed to investigate the subject. Meanwhile, we do not desire to shelve the subject by simply sending as a "memorial" what is, in fact, a standing protest, and which *the profession is invited to strengthen with additional names.* We have no intention of dropping the subject until the important issue raised has been finally determined by the Legislature, and we hope to receive communications from medical men who have not yet signed the protest.

RUSSO-TURKISH "ATROCITIES."

THE question as to the perpetration of "atrocities" by the opposing armies in the Russo-Turkish war has assumed a novel phase. Russian journals publish a formal protest of several newspaper correspondents with the Russian army on the Danube against the Turks for firing upon the buildings used by the Russians for hospitals in Giurgevo, and distinguished by the Red Cross flag. This protest is signed by the correspondents of the *Nouveau Temps*, the *Gazette Russe*, the *Notre Siècle*, the *Scotsman* (Mr. Carrick), and *The Times* (Mr. Brackenbury). Again, the Grand Duke Nicholas, in a telegram from Tirnova, dated the 20th July, directs attention to the barbarous treatment of the Russian wounded and prisoners by the Turks, and refers for confirmation of his statements to the special correspondent of *The Times*. From the Turkish army in Bulgaria we receive, moreover, a formal protest, signed by no less than sixteen special correspondents of newspapers, of the barbarous treatment of the Mahommedan population of the districts of Bulgaria now occupied by Russian troops. Among the correspondents signing this protest are those of *The Times*, *Standard*, *Daily Telegraph*, *Illustrated London News*, *Manchester Guardian*, *Morning Post*, *Morning Advertiser*, *Manchester Examiner*, and the *New York Herald*. The protests from both armies form a significant testimony of the interest which Europe takes in the humanitarian aspects of the struggle now in progress. Unhappily, we have but to reflect upon the semi-barbarous character of some of the troops engaged on both sides not to feel that the war must be accompanied to a greater or less extent by atrocities of the nature described. There cannot be much to choose in this respect between some of the Cossack corps attached to the Russian army, and the irregular cavalry—the Bashi-Bazouks—of the Turkish army. Further, the religious animosity which so largely pervades the opposing forces in the present war, must tend to weaken the humane control exercised over even the regular forces. There is, on the one hand, an element of Mahommedanism, which holds lightly the death or the sufferings of a Christian; and, on the other hand, there is little reason to believe that the Russian soldier has fundamentally changed since the Crimean war, when, as Rambaud tells us, on the authority of a certain Captain Akoulievitch, "He disliked making a prisoner, but if he spared a Frenchman, he would mercilessly kill a Turk."

HYDROPHOBIA.

IT is an undoubted fact that hydrophobia has been increasingly fatal in England in recent years. The annual death-rate from this disease to a million living, which, according to the Registrar-General's Reports, did not exceed 0·3 in the five years 1860-4, rose successively to 0·9 and 1·8 in the two succeeding quinquenniads, and further increased to 2·0 in 1875, which is the latest year for which the returns are complete. In London six deaths from hydrophobia were registered both in 1875 and 1876; and in the first twenty-nine weeks of this year, ending on Saturday last, nine had already been recorded, of which two were registered (in Bartholomew's and Guy's Hospitals) during the week ending 21st inst. In New York a most stringent code of municipal regulations came into operation on the first of this month with a view to put a strong check upon the number of ownerless dogs, and thus to reduce to a minimum the chance of hydrophobia mortality. Under these regulations any dog appearing in a public thoroughfare without a muzzle, and without a collar bearing the number of its licence, is ordered to be seized and pounded, and not released without the payment of a fine; if such fine is not paid within a few days the dog is to be destroyed. In many of our provincial towns regulations as to the efficient muzzling of dogs are both issued and enforced, while in London no attempts are made in this direction, and although a licence is nominally necessary, the number of apparently ownerless dogs constantly to be seen in the streets suggests the improbability of their all being licensed. It seems to be nobody's business in London to protect us from the nuisance of vagrant dogs and the attendant danger from hydrophobia.

ST. THOMAS'S HOSPITAL.

IN connexion with the annual view of St. Thomas's Hospital by the governors, which took place on the 18th inst., an interesting ceremony was revived. The committee of governors entertained the whole of the hospital staff and residents, and a number of distinguished visitors, to dinner in the governors' hall. This dinner, which used to be an annual one, has been discontinued for many years, and was now held for the first time in the new hospital. Colonel Fane, one of the Charity Commissioners, highly eulogised the care and exactness with which the hospital

accounts were kept, and stated that the Commissioners had never had occasion to question a single item of the expenditure. The Treasurer referred to the enormous rating, which crippled the working of the hospital, no less than £3000 a year having to be paid to the Lambeth rates—a sum which was larger than that paid by any other hospital in London, and even than a number combined. Whatever errors there may have been, or supposed to have been, in the application of the hospital funds, there can be no question that such an enormous deduction from the annual income, representing as it does the neutralisation of capital to the value of over £60,000, is a very serious hindrance to the work of the hospital. That such a state of things should exist is a satire on our legislation, and it is a scandal which ought to be done away with.

ACUTE TUBERCULOSIS OF SYNOVIAL MEMBRANES.

M. LAVERAN, of the Val de Grâce Hospital, records (*Le Progrès Méd.*, Oct. 25th), the following instructive case:—A young soldier, twenty-two years of age, who had served only eight months, was admitted into the hospital on June 21st, 1876. He was well nourished, but had never been robust, and had in infancy suffered from an attack of right-sided pleurisy. Six days before his admission he began to suffer from painful swelling of the ankles and knees, the latter being tender and the seat of much effusion, especially the right. There was but slight pyrexia, and no cardiac complication. The case was regarded as one of subacute rheumatism, but on the next day the temperature rose to 102·2°; the patient began to suffer from cough; there was some dulness at both pulmonary bases, pleuritic friction at left base, and sibilant and mucous râles over the whole chest. From this date onwards the pulmonary signs became more marked, with increasing dyspnœa, cyanosis, and a temperature ranging from 102° to 105°. Death took place on July 4th, fifteen days after admission, and twenty-three days after the first onset of arthritic pain. The post-mortem examination revealed acute miliary tuberculosis, the pleuræ, lungs, peritoneum, liver, spleen, and kidneys presenting grey granulations in abundance. Four larger tubercular masses, composed of aggregated granulations, occurred in the pons and medulla, but did not appear to implicate any nerve-roots. There was no meningeal tubercle. Both knee-joints were examined; in each there was an excess of transparent synovia, most in the right, and the injected synovial membrane, with its fringes, was in each joint studded with slightly elevated greyish granulations, the size of a pin's head. Under the microscope the tubercles were found to arise in the deeper layers of the synovial membrane, and to present a central granular opacity, with a marginal zone of nucleated cells. Giant cells, of round form, granular contents, and oval nuclei along their margins, occurred in the centre of every granulation. These articular granulations precisely resembled in structure the miliary tubercles infiltrating the lungs and other organs. M. Laveran draws attention to the occurrence of arthritis as the first symptom of a general tuberculosis, and that of so predominant a character as to lead to a mistake in diagnosis which was rectified as the pulmonary signs became more marked. He believes that the articular pains frequently complained of by the subjects of acute tuberculosis, are probably indicative of the implication of the synovial membranes in the disease; and, further, that some fatal cases of "acute articular rheumatism," accompanied by pleuritis, meningitis, &c., may really be of tubercular nature. The apparently older date of the masses in the pons and medulla in this case was, he believed, simply due to the nodules being formed by the coalescence of a large number of granulations similar to those found elsewhere in the body, and that the outbreak was, in fact, nearly simultaneous in all parts. The instance of a chronic pleurisy with adhesions on the right side was the only evidence of antecedent disease in this case.

THE CANAL BOATS BILL.

THIS Bill, which appeared last week in a recommitted form, has, as to its general provisions, been considerably altered. It is now definitely proposed "that three children and their parents may dwell in a boat where the gross cubic contents of the cabin are at least 200 ft., such children being of an age not exceeding six years." This provision, on sanitary grounds, seems to be eminently unsatisfactory, and practically useless. The expression "gross cubic contents" is so loose that any amount of bunks, shelves, cooking apparatus, and wearing apparel may be stowed in the regulation 200 ft., so that, as a result, the five persons allowed to dwell in the cabin might, and probably would, have much less than even 40 cubic feet each. The Merchant Shipping Act of 1867 makes it obligatory on shipowners to provide for every seaman and apprentice a minimum of 72 cubic feet, and of 12 superficial feet measured on the floor or deck, and anyone who chooses to inquire into the matter will find that very much more than this minimum allowance is in most cases provided, both in ocean-going vessels and coasters. An allowance of 40 cubic feet for each person is, in fact, ridiculous, and will leave the question of overcrowding almost precisely as it exists at the present time. Again, if the bargeman is lucky or unlucky enough to possess a family of more than three children, what is to become of the rest? We repeat our opinion, before indicated, that if any Bill of this kind does not provide for the compulsory exclusion of all women and children from canal barges, the entire subject had better be left alone. The present recommitted Bill cannot, in its operation, afford any additional sanitary security, and though it might possibly, to some extent, prevent immorality, we cannot find that the cause of education would be at all practically advanced. It is, however, tolerably certain that this Bill will be one of the "innocents" massacred in the course of the next fortnight on the shrine of Irish obstructiveness.

MORTALITY AND SICKNESS IN IRISH PRISONS.

THE fifty-fifth report of the Inspectors-General on the general state of the prisons of Ireland during 1876 has recently been issued, and furnishes some interesting facts bearing upon the sickness and mortality, and indirectly upon the health, of Irish prisoners during that and preceding years. The total number of prisoners confined in gaols in 1876 was 44,372, and showed a further increase upon the numbers of the four preceding years. The daily average number in confinement was 2628, while, exclusive of four executions, only seven deaths occurred among the prisoners. The death-rate was therefore equal to but 2·5 per 1000 of the average number exposed to risk throughout the year. Having due regard to the age-distribution of the prisoners, the normal death-rate, according to the English life table, would be 12 per 1000 per annum. There are, doubtless, many causes which should operate to reduce the annual death-rate among the inmates of prisons considerably below that which prevails among an ordinary population at similar ages. Difficulties are thus created in the selection of a standard with which to compare death-rates in prisons. Assuming, however, that the figures published in this report relating to the twenty-seven years 1850–76 are reliable, they enable us to compare the annual

mortality in Irish prisons during this series of years. It appears that in 1850 the death-rate was equal to 50·3 per 1000 of the average daily number of inmates; in the next five years, 1851–5, the mean rate declined to 29·3 per 1000, and further declined to 18·3 in the five years 1856–60. In the following quinquennial, 1861-5, the death-rate rose to 21·4 per 1000, but declined successively to 15·5 and 7·5 in the two periods of five years ending 1870 and 1875. Thus, while in 1850 the death-rate among Irish prisoners was more than four times the normal rate among persons at the prison ages, it has almost steadily declined in the past twenty-six years, until, during 1876, it was scarcely more than a fifth of the normal rate. Without attempting to discuss the causes of the very low death-rate in recent years, the marked decline in the mortality affords abundant evidence of the improved sanitary condition of the prisons. What the condition of the prisons in 1850 must have been to account for the death-rate of 50·3 per 1000, it is difficult to imagine. The report states that the average number of inmates of the prison hospitals was equal to but 2·5 per cent. of the total inmates, which indicates a satisfactory condition of health among the prisoners, who, as a rule, belong to the least healthy classes of the population. We doubt whether the health statistics of English prisons would afford so favourable an analysis as do those of Irish prisons in recent years.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

THE twenty-fourth annual report of the Council of this College has recently appeared. It very naturally commences with an emphatic tribute to the memory of the late Dr. William Carr, of Blackheath, to whose untiring energy, as most of our readers know, much of the successful working of the College was due. Dr. Carr collected for the College £3500, independent of the large sums that he obtained during the last few years for his "Free Medical Scholarships Fund," the object of which is to give exhibitions of £50 a year to Foundation Scholars of the College who have gained the Free Studentship granted each year by University College Hospital.

One pensioner only was elected this year, but twelve new foundation scholars were admitted, a number much beyond the average. The plan of doing away with the public election day, a change tried for the first time last year, has worked very smoothly. The casting up of votes by the scrutineers was accomplished quietly and exactly; and, as the report recites, "the candidates and their friends are also gainers by the avoidance of a day which was necessarily a distressing one, and, as regards those who live at a distance, by the saving of the expense of a journey to town."

The detached infirmary for the school is now nearly completed, but the building will cost more than £5000, exclusive of furniture and fittings, so that further contributions are required for this special object.

A lady, recently deceased (Miss E. Morgan), has made the College her residuary legatee, on the condition that the money (about £2000) should be applied "more especially for the benefit of the daughters of decayed medical men." The mode of dealing with this matter is deferred until the next annual meeting.

In accordance with a formal notice, an extraordinary meeting of the governors was held on Wednesday, to consider two resolutions, the main object of which was to endeavour to abolish canvassing and all its attendant expenses and other evils. It is doubtful whether the wording of these resolutions (which appeared at length in THE LANCET of the 21st) was calculated to effect the laudable object intended. The resolutions were rejected by a majority of about two to one in a meeting of nearly sixty governors. This cannot, however, be regarded as a final settlement of the question, and we purpose next week to recapitulate the *pros* and *cons* of a discussion that is likely to influence the future of this valuable institution in a very marked degree.

INFECTIOUS DISEASES AND SANITARY AUTHORITIES.

THE information of sanitary authorities as to all cases of infectious diseases lies at the root of all schemes for the repression and control of mortality from these causes. No voluntary system will ever meet the case, and, as we are continually told that public opinion in not ripe for a compulsory system, it seems to be necessary to wait for the ripening of public opinion in this direction. In the meantime, it can but be useful to take note of what our neighbours are doing in this matter, especially if they appear to be progressing more rapidly than ourselves. The State Board of Health of Michigan has recently issued a document addressed both to the public and to the medical profession, on the restriction and prevention of scarlet fever, which is especially interesting on account of a few extracts quoted from the Compiled Laws of Michigan, 1871. By Section 43 it is enacted that whenever any *householder* shall know that any person within his family is taken sick with small-pox, or any other disease dangerous to public health, he shall immediately give notice thereof to the Board of Health, or to the health officer of the township in which he resides, and if he shall refuse or neglect to give such notice he shall forfeit a sum not exceeding a hundred dollars. The following section confers the same obligation on every *physician* who shall "know that any person whom he is called to visit is infected with small-pox, &c., and enacts that he shall "forfeit for each such offence a sum not less than fifty nor more than one hundred dollars." That these laws exist in Michigan there can be no doubt; but that they are strictly enforced is probably doubtful. Some inquiry as to their operation and utility is desirable in the interest of sanitation in England, which is now constantly urging the necessity of this compulsory information of infectious diseases, which has existed in Michigan since 1871.

PUBLIC HEALTH IN SWITZERLAND.

AT the present moment, when not a few are projecting excursions in Switzerland, the quarterly return of mortality and other vital statistics just issued by the Swiss Statistical Bureau is more than usually interesting. Weekly and quarterly returns are now published for all the towns in Switzerland having a population exceeding 7000 persons. These towns number 24, their population ranging from 50,419 in Geneva, to 7765 in Alstadten; the aggregate population of the 24 towns is estimated to the middle of this year at 431,698. During the three months ending June last 3958 children were born in these towns, of whom 248, or 6·3 per cent., were stillborn; the living births were in the proportion of 34·5 annually per 1000 of the population. The deaths registered were 2941, equal to an annual rate of 27·3 per 1000 persons living. This death-rate exceeded by 3·9 per 1000 the rate which prevailed during the same period in the 20 largest English towns. In other words, in equal numbers living 117 died in the Swiss towns, to each 100 in the English towns. In the several Swiss towns the death-rate varied very considerably. In Geneva and its suburbs the rate was 24·1; in Zurich and suburbs 27·7; in Basle, Berne, and Lausanne, the three next largest towns, the rates were 25·2, 30·2, and 26·7 respectively. The highest death-rates occurred in the smaller towns, and were 32·1 in Neufchatel, 34·7 in Fribourg, and 36·7 in Herisau. These excessive rates in the small Swiss towns have now no

parallel among our larger English towns. A large proportion of the excessive death-rate in the urban population of Switzerland during last quarter was due to the fatality of zymotic diseases. To the seven principal zymotic diseases 481 deaths were referred in the 24 Swiss towns during the quarter, equal to an annual rate of 4·5 per 1000 persons living, whereas in the 20 largest English towns the zymotic death-rate did not exceed 3·2 per 1000; thus these zymotic diseases were 41 per cent. more fatal in the Swiss than in the English towns. The 481 deaths from these seven diseases included 1 from small-pox, 58 from measles, 57 from scarlet fever, 74 from diphtheria and croup, 21 from whooping-cough, 69 from typhus and typhoid fever, and 201 from infantile diarrhœa. Enteric fever showed especial prevalence in Basle and Berne, and scarlet fever in Lucerne. The sanitary condition of Switzerland, as well as that of other places, evidently needs reform.

PUERPERAL MORTALITY IN LONDON AND NEW YORK.

THE continual improvement in the form of mortality statistics, both at home and abroad, affords increasing facilities for comparison which are valuable to the student of public hygiene. While the variations of puerperal mortality in London is under discussion, it is not without interest to consider the proportion of puerperal mortality in New York. In London, during 1876, the deaths of mothers in childbirth (including those referred to puerperal fever) were equal to 4·8 per 1000 children born alive, and almost identical with the rate in 1875. In New York 343 deaths were referred to puerperal diseases during the year 1876, but the system of classification there adopted does not appear to afford the means for distinguishing those due to puerperal fever from those due to the accidents of childbirth. The number of births reported in New York was 23,744, which would make the deaths from puerperal diseases equal to 14·4 per 1000. The report of births in New York is admittedly imperfect, and, therefore, the puerperal mortality is undoubtedly thus overstated. Assuming, however, that the birth-rate in New York is as high as it is in London, which is improbable, 38,745 births would have occurred in New York during 1876, and the deaths of mothers equal to 8·85 per 1000 children born alive. Even this rate is nearly double the rate which prevailed in London. That puerperal mortality in New York is nearly twice as great in New York as in London appears evident from another form of analysis. The deaths referred to puerperal diseases in New York in 1876 were equal to 323 per million persons living in that city, whereas in London the rate did not exceed 175 per million. If, as there is reason to believe, the birth-rate in New York is considerably lower than it is in London, the excess of puerperal mortality in the American city is in this manner under-estimated. The causes of the undoubted excess are, however, worth investigation.

SHIP SURGEONS.

ON Wednesday, the 18th inst., the owner of a large Liverpool ship was charged with having carried in his vessel a complement of 637 passengers without providing proper medical attendance for them, in accordance with the terms of the 230th section of the principal Merchant Shipping Act. These passengers were pilgrims from Jeddah to Bombay, and during the voyage, in consequence probably of dirt as well as disease, some of them died. The owner pleaded guilty. The Board of Trade, with its accustomed leniency and liberality, did not wish "to press the case severely," and the defendant was fined 40*s.* and costs, the maximum penalty being £100. This case calls for comment, because the *Shipping Gazette*, taking, of course, the commercial aspect of the question, indicated in a leading article, published on the 21st, that the defendant was unwise in pleading guilty. According to our contemporary, it is doubtful whether the Board of Trade could have obtained a verdict, because, forsooth, when the Act of 1854 passed the pilgrim trade did not exist as a recognised branch of traffic. What of that? Are not pilgrims human beings, though of an eminently dirty description? Is a life to be less respected or cared for because its owner is a fanatic, and chooses to travel about the world with others of his creed in a state of filth and semi-destitution? Our contemporary owns that with all such cargoes strict sanitary measures are required. But who so well capable of carrying them out as a medical officer? Ship surgeons receive nowadays monthly scales of pay varying from £5 to £12 in ocean-going ships. As a rule, they do their work well, and their presence raises the character and status of the vessel as regards passengers in a very great degree. Ship surgeons have seldom gained, and cannot now gain, a fortune, or even a competency, at sea. But it is for the interest of the shipowners, as well as of the travelling public, whether they be pilgrims, patricians, or plebeians, that all large vessels should, for preventive as well as curative purposes, habitually carry a medical officer.

WHAT DOES IT MEAN?

THE Lord President of the Council is reported to have said, among other complimentary things of Manchester, to the important deputation which waited upon him a few days ago to ask that Owens College should receive a charter as a university, "I am informed that the hospital at Manchester would yield in importance and merit to none in the country." After the recent disclosures as to the sanitary condition and management of that hospital this appears to be a very dubious compliment. We cannot assume (the Chairman of the hospital, Mr. Hugh Birley, M.P., being one of the deputation) that the Lord President meant to imply *positive* merit to the hospital in the matter noted (unless, indeed, he had been most improperly misinformed). We are bound to infer that he referred to the *relative* merit of the hospital, in other words, that it was as good as most other big hospitals—that is to say, *not worse*. In this sense, no doubt, his observation would be more consistent with the truth, but it is to be regretted that conventional requirements made it necessary to use language which may be misinterpreted by the unsophisticated in hospital administration.

A NEW FORM OF PARASITE.

UNDER the name of Anguillula intestinalis, M. Bavay describes (*Arch. de Médecine Navale*, July, 1877) a new form of worm found in the intestines of five cases of the diarrhœa of Cochin China. It differs from the Anguillula stercoralis in some important particulars, though often found in association with it. The adult female measures about one-twelfth of an inch in length and one seven-hundredth of an inch in thickness; it is nearly three times the average length of the Anguillula stercoralis. The body, narrowed at the anterior extremity, ends suddenly posteriorly by a conical tail with a rounded point. The surface is very finely and regularly striated in a transverse direction throughout its whole length. The mouth presents simply three minute lips opening into a cylindrical œsophagus, which ends in the upper third of its length in a straight intestine; the anus being seen as a transverse slit near the base of the tail. The ovary occupies the middle of the body, the vulva is situated in the posterior third, and in the neighbourhood of the uterus contains five or six elongated ova. All the specimens (about two hundred) examined by M. Bavay were

either female or unprovided with sexual organs. He believes that the parasitic form may be hermaphrodite, with female appearance. The worms were found abundantly in the duodenum, few in the jejunum, and never in the ileum. In one case they were abundant in the contents of the stomach. M. Bavay states that out of six cases in which these parasites were found, five ended fatally. He believes, however, that it would be rash to draw any grave conclusion from this fact, though it is a point which deserves further investigation.

THE FEVER HOSPITAL AND PRIVATE PATIENTS.

THE Fever Hospital has been extending and improving its accommodation for cases of fever in persons not poor but anxious for removal to a fever hospital, for the double sake of isolating infectious complaints and of securing the advantages of nursing &c., so important in this disease. This is really the strongest case for the application, and for the favourable consideration, of the principle of the hospital for patients who pay. The committee is most anxious to make the hospital an advantageous, and even a pleasant, residence during the weary weeks of an infectious disease. They are trying to give people the comforts of home and the benefits of isolation at the same time, and with this view are keeping the wards, offices, gardens, &c., in the best possible condition. We cannot too heartily wish success to the committee in this matter. It is not possible that any commercial advantage can be got out of receiving private patients, accommodating them in a separate room, and giving them experienced nursing, high-class medical attendance, and suitable food and medicines, at three guineas a week. In a fever hospital even five guineas a week would not, we believe, pay in any commercial sense of the word. The Fever Hospital, though superseded as an institution for the poor, is in increasing demand, and likely to be more so, for those who are not poor. We must all rejoice that such an institution exists, and that its committee is so anxious to adapt it to the altered functions which it has now to discharge in this great metropolis. It is not perhaps sufficiently known that patients in the private wards of the Fever Hospital may, if desired, be attended by their own family medical attendant. Lest the Fever Hospital should suffer as a charitable institution, we must remind well-disposed people of two excellent rules—first, that working men, or their families, are received, without payment or letters of recommendation, on the certificate of a medical man that they have infectious fever, and are not in receipt of relief; and that domestic servants are admitted on the recommendation of a governor, or on payment of two guineas on admission.

THE DOMESTIC ECONOMY CONGRESS.

IN addition to the important paper by Professor Huxley on "Elementary Instruction to Children in Physiology," to which we called attention in last week's LANCET, many other interesting papers were read, and subjects of a *quasi*-medical character discussed, in the "Health" section. Mrs. F. E. Hoggan, M.D., read a paper on the "Substitution of Scientific Subjects for Fancy Work in Girls' Education"; and in the subsequent discussion the Hon. and Rev. W. H. Lyttelton (vicar of Hagley), General Cotton, and the president (Dr. Heslop), joined in urging the importance of teaching popular science in elementary schools, so as to educate the minds of children on scientific subjects and to cultivate their powers of observation. In Section A, Mr. E. Chadwick spoke upon the question of "head-to-foot washing," which he advocated as a means of promoting health and strength in the first place, and in the second place as a safeguard against infectious diseases; and Miss Chessar followed with a paper on "Bathing and Swimming for young Children," in which she recommended that all children in elementary schools should be taught to swim, and that the number of public baths throughout the country should be largely increased. The Congress, which was started at the suggestion of Sir H. Cole, was well attended, and will doubtless be productive of good results.

AN OFFICIAL INSPECTION!

SOME few days ago, an official inspection was held at Falmouth, to inquire into an outbreak of scurvy that occurred on the ship *Belle of the Niger*. One inspector was sent from London, and two from Plymouth, to conduct the inquiry. But the *Belle* had sailed for Havre two days before, so that neither ship nor stores nor crew could be inspected or examined. A solitary seaman, still in hospital with scurvy, was the only witness. But, says the *Shipping Gazette*, "a report has been forwarded to the Board of Trade." Can this report be of any possible value? And why was not an inquiry ordered immediately after the arrival of the ship? These delays entirely nullify the usefulness of official inquiries.

PUBLIC HEALTH (METROPOLIS) BILL.

THE President of the Local Government Board, Mr. Sclater-Booth, has not only withdrawn the Public Health (Metropolis) Bill, but has stated from his place in the House that he would not bind himself to re-introduce it next session. In other words, as he further explained, if he again took the subject in hand it would be his duty to amend the sanitary law of the metropolis to a greater extent than would be consistent with a consolidation Bill, and to prepare "a better Bill." Let us hope that this means that an attempt will be made to produce a real and not a perfunctory measure.

THE CHAIR OF CLINICAL SURGERY, EDINBURGH.

DR. P. HERON WATSON'S candidature for the Chair of Clinical Surgery at Edinburgh progresses favourably. The expressions of opinion by impartial judges as to his professional qualifications for the post are many and strongly couched. To great experience Dr. Watson adds ripe knowledge, and a faculty of imparting instruction which is appreciated. His works and reports on surgery have been numerous and valuable.

PRINCE ALBERT VICTOR.

THE course of the fever under which H.R.H. Prince Albert Victor is suffering has, during the past week, been favourable. The symptoms have been but moderately severe.

DR. WHITMORE, in his report of the health of Marylebone for June, states the death-rate of the district during that period (equal to 2·11 per 1000 per annum) to have been the lowest for any month of the present year, a result attributable, he believes, to the favourable influence of sunlight and warmth. Measles and whooping-cough, the most fatal of the prevalent zymotic diseases in the district, show a tendency to increase. The former disease has appeared in adults in an unusual number of instances, and in many cases it has attacked the same individual a second time. Dr. Whitmore bears testimony to the immunity from small-pox experienced by properly and successfully vaccinated infants during the present epidemic; whilst as regards children above twelve years of age, and adults who have been efficiently revaccinated, several hundreds of whom he has had under his own observation, rarely has any one taken

the disease, and whenever it has occurred the attack has been for the most part of the mildest type. The attempts at isolation, though frequently frustrated by the ignorant opposition of parents, have, on the whole, been productive of great good.

THREE candidates have been nominated for the Fellowship of the College of Physicians in Ireland—namely, Dr. Stephen MacSwiney, Dr. Arthur Macan, and Dr. Harvey. At the election, which will take place on the 18th of October next, the voting will be open, the ballot system having been destroyed by the decision of the Visitors some years since. There are at present about sixty Fellows, who may be said to constitute a council, inasmuch as the appointment of officers, management of funds, and the transaction of all business connected with the College lie in their hands. Of these Fellows, however, some are not resident in Dublin, some do not attend the meetings, and virtually the management and working of the College is transacted by a comparatively small number. The objections to this arrangement are so apparent that we trust, by increasing largely the number of Fellows, the complaints of outsiders may gradually be removed. The fee for the Fellowship is a high one—viz., £75; but in the case of university graduates this sum is lessened by £20.

WE congratulate Mr. Augustus Winterbottom, F.R.C.S., on the termination of an action brought against him in the Common Pleas division of the High Court of Justice, and in June last referred to arbitration. The suit was "to recover compensation for an injury inflicted upon the female plaintiff through the alleged negligence, or carelessness, or want of skill on the part of the defendant." The injury was fracture of the jaw in extracting a stump. Mr. Alfred Wills, Q.C., found for the defendant, with costs. The following passage occurs in the Arbitrator's reasons printed by Messrs. Nichols and Sons, 25, Parliament-street: "It is, in my opinion, an unfounded and an ungrateful action, and a poor return for the care, and the professional skill, and the kindly assistance which were simply lavished upon her."

FROM the *Morning Post's* report of the meeting of governors of the Belgrave Hospital, it appears that the scheme for amalgamation with the Victoria Hospital at Gough House is finally rejected. It is greatly to be regretted that a decision so adverse to the interests of real charity, so opposed by the entire acting medical staff of the hospital, and having little but sentiment to support it, should have been carried—by a narrow majority. The whole subject of this amalgamation has been so long under consideration that the resignation of the physicians and senior surgeon, which has followed the defeat of the recommendation of themselves and the committee, cannot be regarded otherwise than as a graceful act dictated by a proper *esprit de corps*.

THE concluding report on the commission of inquiry into the local government and taxation of towns in Ireland has recently been issued. The report is a very exhaustive one on the sanitary condition of nineteen towns, including Dublin; and, as might have been expected, in the majority the neglect of sanitary matters was most discreditable to the various authorities of those places.

WE are asked to state that the Queen has been pleased to appoint Messrs. Peter Wyatt Squire and Alfred Herbert Squire, jointly, to be chemists and druggists upon the establishment in ordinary to her Majesty, *vice* Mr. Peter Squire, senior, who has resigned, after holding the appointment for forty years.

THE governors of the Birmingham General Hospital last Friday unanimously agreed to appoint two assistant-physicians and two assistant-surgeons, and also special officers for the obstetric, ophthalmic, and dental work of the hospital; all these officers, with the exception of the obstetric and ophthalmic, to receive an honorarium of £100 per annum. The election of the honorary officers will in future be in the hands of a special election committee, and not left to a general polling of the governors.

THE graduates of Aberdeen and Glasgow have under consideration a proposal to form a joint association there, or there may be a separate organisation for each university.

Correspondence.

"Audi alteram partem."

ON THE INFECTION OF SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—There cannot be a doubt but that uniformity of professional opinion on all that relates to the exanthemata is most desirable, and the queries on the subject under the head "Scarlatina in Public Schools," by M. D., in notes and short comments of THE LANCET, on the 30th ult., strengthen a desire which I have long entertained for the expression of the accepted views of the profession on a matter of almost daily interest to us all, but which has not yet, I think, received the consideration that its importance demands. In this spirit I wish to offer a few remarks. The following queries (embracing those offered by M. D. in the note above mentioned) and replies, if not in themselves conclusive, will, I trust, elicit positive opinions from competent medical authority for our guidance:—

1. Should not the uniform nomenclature of the disease be scarlet fever rather than scarlatina?
2. At what period of the disease is the infection most active?
3. What are the main channels through which it is propagated?
4. At what period of the disease may all danger of infection from the sufferer be considered as past, so that he may safely rejoin the family circle, or travel for change of air to the seaside or elsewhere?
5. When may the chamber of the sick person, the house, school, or other building in which the disease first appeared, be considered safe for reoccupation?

With regard to the disease nomenclature, it is most important that the profession and the general public should invariably speak of the affection in our own homely English as scarlet fever, and not as borrowed from the French "scarlatina." Experience, unfortunately, often tells me that the latter term misleads, causing people to attach far less importance to the gravity of the affection, even to disregard the identity, and to say that precautions against its spread are unnecessary; hence a single case of "scarlatina" may originate a very serious epidemic. I think, too, that we should always speak of the "infection" rather than the "contagion" of the disease, as implying (especially amongst the uneducated) that the fever poison may be directly absorbed from the atmosphere or surroundings of the patient without actual personal contact.

With regard to the second query I feel satisfied that the early period of the disease is that in which the infection is most active; and of the many reasons which might be adduced in support of such belief, I will only give the following:—(a) Because of the early intensity of the disease on all parts and tissues, and sometimes even the early death of the sufferer, before the period of desquamation. (b) That in instances of the spread of the disease in a family or community, I have so often seen the occurrence of fresh cases prior to desquamation of the first. (c) That, as instanced in my own erson during an epidemic a few years ago, the infection s frequently conveyed from cases not

having a rash nor desquamation at all. (d) That attempts at inoculation of the disease, by introducing scales of the epidermis under the skin of healthy persons, have failed. (e) Because there is no evidence to prove that the infection is contained in the scales of the epidermis separated during desquamation. Without, therefore, confining myself to the limit of this or that so-called stage of the disease, careful observation forces me to conclude that within an hour, or even less, of exposure to the infection a person may communicate it; and that the period in which the infection is most active is the stage of inflammatory fever up to the full development of the eruption; that the intensity subsides with the subsidence of the fever, and that it is not during the stage of desquamation.

Referring to the third query, doubtless the channels or media of communication are numerous, but I believe the chief to be the vaporous exhalations from the skin and the breath, affecting the surrounding atmosphere and the clothes. That the latter are very fertile sources of infection is proved by the frequent reappearance of the disease after weeks, or even months, in persons who have accidentally come into contact with an overcoat or other article of apparel or bedding which had been worn or used prior to the appearance of the disease, but which, being unsuspected or overlooked, had not been thoroughly fumigated or disinfected.

Accepting, then, the belief that the time of greatest activity of the infection is during the early period of the disease, and that the breath and the clothes are the main channels through which it is communicated, it will be of the highest importance always to trace, if possible, the source of the infection, and to adopt at once all sanitary precautions against the spread of the disease by carrying out the instructions given in most works or manuals on medicine.

With regard to the fourth query, the period of safety for the sufferer and the family, this must vary according to the particular character of the epidemic, the nature of each individual case, and the constitution and habits of those attacked. But, provided all sanitary precautions during the progress of the disease have been strictly observed, I am of opinion that when the pulse and the temperature have resumed their natural standard, and convalescence is established, we may consider all danger of infection from the person has passed.

Allowing, then, the fulfilment of the above conditions, I think that a patient may safely rejoin the family circle, and I would fix the end of the third week from the appearance of the rash in each ordinary case (or such as alluded to by "M.D."), as the date on which he might safely travel for change of air to the seaside or elsewhere.

In very severe cases, or those attended by unusual complications, a longer time may be necessary, a decision which must be left to the discretion of the medical attendant of the case.

Referring to the fifth query, the time at which the sick chamber, house, school or other building may be considered safe for reoccupation, no exact date can be fixed. All will depend on the efficiency of the protective measures adopted. But so soon as the clothes and bedding have been thoroughly disinfected and cleaned, the house disinfected, the rooms occupied by the sick disinfected, washed, cleaned, papered, and whitewashed, the building may be safely reoccupied. And children having the disease at school, whether sent to the seaside, home, or elsewhere on recovery, after a month's change, may safely return.

I am, Sir, your obedient servant,

ARTHUR E. T. LONGHURST, M.D.

Wilton-street, S.W., July 25th, 1877.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL.

To the Editor of THE LANCET.

SIR,—I beg to forward some further statistics of Queen Charlotte's Hospital for nigh half a century—viz., from 1828 to 1876 inclusive. It will be seen that there was an error in the number of deaths in the new hospital formerly given. The number was 219, not 220. These statistics show that in forty-nine years 13,081 women were delivered, with 331 deaths—a death-rate of 1 in 39·52. Thus—

In the old hospital, 5380 deliveries; 111 deaths = 1 in 48·47

In a house whilst new hospital was building . . . } 88 deliveries; 1 death = 1 in 88.

In the new hospital, 7613 deliveries; 219 deaths = 1 in 34·76.

In the old hospital, of which a report of the time states, "that to the want of proper ventilation, drainage, and other sanitary arrangements was attributed for the most part the prevalence of puerperal fever and the unhealthy state of the hospital," in four years there were no deaths, two years being consecutive. In the new hospital there has been no year without deaths. In the last five years of the old hospital there were 3 deaths in 914 deliveries, or 1 in 304·66; in the last five years of the new hospital there were 64 deaths in 2102 deliveries, or 1 in 32·80. I must leave the interpretation of these figures to those more competent than myself.

I am, Sir, your obedient servant,

Savile-row. CHARLES HAWKINS.

In old hospital.

Year.	Deliveries.	Deaths.
1828	265	10
1829	221	6
1830	236	6
1831	207	4
1832	217	2
1833	130	0
1834	161	2
1835	214	1
1836	169	2
1837	215	2
1838	202	5
1839	204	4
1840	199	3
1841	218	3
1842	212	2
1843	197	3
1844	204	5
1845	144	1
1846	190	4
1847	167	5
1848	174	15
1849	161	15
1850	159	8
1851	180	0
1852	173	1
1853	177	0
1854	214	0
1855	170	2
	5380	111

In a house (hospital rebuilding).

Year.	Deliveries.	Deaths.
1856	88	1

In new hospital.

Year.	Deliveries.	Deaths.
1857	245	3
1858	341	3
1859	320	26
1860	256	18
1861	369	20
1862	351	17
1863	386	6
1864	384	13
1865	225	9
1866	408	7
1867	412	8
1868	464	5
1869	414	7
1870	484	6
1871	452	7
1872	433	12
1873	416	15
1874	443	9
1875	394	9
1876	416	19
	7613	219

ON GUTTA PERCHA OR LEATHER MOULDS IN ANGULAR CURVATURE.

To the Editor of THE LANCET.

SIR,—The paper which appeared in your journal on the 7th inst. by Dr. Walker, of Peterborough, ought, had my time been less occupied, to have had earlier notice at my hands. Dr. Walker contrasts this method with Dr. Lewis Sayre's plaster-of-Paris bandage, and claims a superiority for it on pleas which are not, I think, tenable; at the same time he appears to consider himself the inventor of a method of treatment which, though doubtless he arrived at it independently, is not by any means new.

In criticising the plaster-of-Paris treatment, Dr. Walker speaks of suspension as "stretching the spine, which most surgeons would regard as an evil"; but the weight of the pelvis and lower limbs does not stretch the spine in the sense of separating the articular surfaces and bodies of the vertebræ, but merely straightens out to a certain degree the morbid bend. If most or any surgeons consider this an evil, they do so, I presume, simply on theoretical grounds, which are quite negatived by practical experience. I have now used this method on a great many persons, full-grown men and women as well as children, and have never found any ill effects from such rectification of the angle; indeed, in one case, a girl of sixteen, a partial paralysis of the lower limbs rapidly disappeared.

I understand that Dr. Walker dates the use, or at least the first publication of the use, of gutta-percha moulds from about ten years ago; but corsets of both gutta-percha and leather were modeled on the trunk at a very much earlier period; indeed, I constructed two such splints for patients in the Charing-cross Hospital in '62 and '63. Mr. Spratt, the instrument and splint maker of Brook-street, adapted a leather mould for one of my patients twelve years ago; but he informs me that he has been in the habit of making them for more than twenty years, and unless in the case of refractory infants, always in the recumbent position. Of course he constructs them either of leather or gutta-percha as the surgeon may direct, but prefers the former material. I am not aware that in moulding these splints the many-tailed bandage has ever been employed, and believe that this ingenious adaptation of the appliance Dr. Walker may claim as his own.

I have long discontinued the use of such splints, as not proving satisfactory, partly because they do not, after a little time, afford efficient support, as is proved by the fact that it is now the fashion to add crutch handles; partly because if there be any considerable deformity, it is impossible to avoid a fold at a level with the angle; but chiefly because the horizontal position does not put the spine into a sufficiently good posture to begin with.

It is impossible to describe in a short paper, such as I wrote for your journal on the 26th May, still less in a letter like the present one, all the theoretical and practical advantages of applying a plaster-of-Paris bandage during suspension of the body, nor, indeed, all the precautions to be adopted. They will be found fully discussed in the third edition of my work on Spinal Curvatures; from which, I think, it will be evident why I must altogether repudiate the suggestion of Dr. Walker, that the plaster-of Paris, if preferred to gutta percha, should be applied while the patient lies on a soft bed. Suspension is one of the great advantages of this method; not, as Dr. Walker seems to think, a mere arrangement for convenience in applying the bandage. Indeed, it constitutes a point in the treatment of angular curvature which, having fully tested, I would not willingly relinquish.—I remain, your obedient servant,

RICHARD BARWELL.

George-street, Hanover-square, 20th July, 1877.

HOSPITAL TREATMENT OF MEASLES.

To the Editor of THE LANCET.

SIR,—The paragraph in last week's LANCET on the mortality attending the treatment of measles in hospital requires a word of explanation. It is no new experiment to treat measles in the London Fever Hospital. A death-rate of 10·5 per cent. for this disease among the patients in this institution would appear unusually high had it not been stated that this rate had been calculated on so small a number of cases as nineteen, of which two died. It should be known that a large number of patients in the London Fever Hospital are received from other hospitals, where the majority of them are under treatment for some other disease at the time of being attacked with fever. The two cases of measles which died were received in this way; both patients had mild attacks of measles, but one was at the time suffering from extensive suppuration of the glands of the neck, and the other from acute tuberculosis. Notwithstanding such cases as these, it is not found that the death-rate from measles is high when calculated on a large number. Thus during the years 1871-76 inclusive, 122 patients were admitted, and of these only three died. There is, therefore, every reason to believe that no increase of mortality attends the treatment of measles in hospital; and, seeing that more that 1700 persons died of this disease in London last year, it cannot be doubted that the early isolation of such cases is urgently required.—I am, Sir, your obedient servant,

London Fever Hospital, July 24th, 1877. SHIRLEY MURPHY.

To the Editor of THE LANCET.

SIR,—I observe that, in a paragraph of this week's LANCET on the hospital treatment of measles, it is supposed that the London Fever Hospital has inaugurated this practice. It is not so, however. Here, as no doubt in London also, stray cases of measles occurring in adults—e.g., servants—have always been admitted to our general hospital, but I refer to the reception of children, which, I take it, you have especially in mind. Since 1872, when the hospital accommodation of the local authority of Glasgow was largely extended, we have endeavoured to introduce the isolation and treatment in hospital of children, affected with measles. But up to 1st May, 1877, we only succeeded in removing 159 cases. Of these five died, or a little over three per cent. Yet in that period over 1300 children died of measles in this city. I attribute our ill success (1) to the extreme youth of the patients. It is impossible to force removal of infants, even when it is obvious that they would be transferred from circumstances of misery to those of comfort. (2) But at the root, both of the opposition of parents and the reluctance on my part to violate the parental sentiment, is this, that parent look upon "the measles" as, like teething, a process of nature. In fact, the measles is the more natural of the two, if we are to judge from the readiness to interfere in the one and the backwardness in the other. Still worse is the general disposition in the profession to ridicule the idea of treating such a disease in hospitals. The proportion of measles cases which pass under professional and parental observation relative to deaths caused thereby seems to be so immense, that practically the body of the child dead of measles is like that of the proverbial dead donkey—something that nobody ever sees. Yet this disease alone may add two to our death-rate per 1000, a contribution which all the "fevers" together have not made for six years.

Still, the effect of perseverance and education is very great in sanitary matters. The hospital treatment of scarlet fever was regarded with equal disfavour when first commenced; but now, in one year, we have treated 720 cases, and we do not hesitate about compelling removal in fitting circumstances. One humane and politic concession made to parents by the local authority here I recommend to the notice of others. We admit mothers along with children under five years if they desire it, and when a family is laid down at once, as often happens, we keep them together under the mother's eye in the wards. In many cases this is a sore trial to the temper of nurses, a strain on hospital discipline, and even an injury to the children, so ignorant and injudicious are the poor women; but it disarms opposition, and extends the reputation of hospitals. A woman who, in these circumstances, leaves the institution pleased, becomes a friend in the locality where she lives.

My experience leads me to believe that if local authorities do their duty by providing hospitals whose structure and management beget confidence, by maintaining a staff of judicious, intelligent men to go about and look for infectious disease, and thereby keeping up a constant pressure towards the hospital, in a very short time the community will move in the right direction. But it is not from the parochial organisation this will be got. The nature of the action required is entirely foreign to the constitution and habits of the parochial mind; and, indeed, the work to be done is neither of the nature of charity nor of legal relief. It is interference with the individual for the general good—the maintenance from a fund to which *all* contribute of any single contributor whose sickness is dangerous to all. This is the broad principle which we endeavour to work out in Glasgow, and with an increasing measure of success.

I am, Sir, your obedient servant,

JAS. B. RUSSELL, Med. Officer of Health.

Sanitary Department, Montrose-street, Glasgow, July 24th, 1877.

THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—Years have now passed since the commencement of those unhappy dissensions which have made the Army Medical Department a discredit to our military system, and a bugbear to successive War Ministers.

Great changes were proposed, determined on, and effected, such as the arbitrary and sudden removal of medical officers from their regiments, with an absence of tact and a want of consideration at which all stood amazed.

Remonstrance and appeal followed quickly, and such as found utterance in the House of Commons were unfortunately not met in a conciliatory spirit by the Secretary of State, nor treated with that courtesy which is accorded to other sections of the military community. The bitterness thus imported soon divided the department into two sects, the supporters and the opponents of the new scheme; the former, accused of toadyism and self-seeking, retorted that the latter preferred a mock military position to a legitimate professional standing; and so both sides drifted equally from a fair judicial estimate of the question at issue, presenting to outsiders a sad spectacle of discontent, which found so much expression as to lead to confusion of its source, and which, while it had the effect of deterring others from joining so unhappy a body, at the same time considerably lowered the public estimate of the whole.

Such is the social aspect which the case now presents; but in the meantime various regulations, the faltering nature of which showed them to have been modified to secure the sanction of certain superior departments, dragged the new system into slow development, till within the last few weeks the service has been taken by surprise by the announcement that full disciplinary powers over their own hospitals is about to be given to medical officers. Thus has been unexpectedly reached a point at which many who opposed unification allowed that it would become sound and sincere, but which they believed to be impracticable. But it would be unbecoming were they not candidly to admit that Sir W. Muir, in obtaining this concession for his department, has shown a consistency in working out his original proposals which has certainly not been subordinated to the wishes of the military authorities.

If then in this sudden stride all agree in recognising the final removal of the last trace of regimentalism, and the handing over of all things medical, for good or ill, to medical officers, does it not behove them to accept this ground of amalgamation, lest, in persisting after the irrevocable, they earn the character of incompetence.

It would be foolish to deny that much that was valuable in early training, social advantages and personal comfort, has passed away with the old *régime*; but it would be equally unfair not to allow that by the new scheme very much has been gained in earlier promotion, reduction of expenditure, and extended training in that larger system of organisation which the wars of the future will demand. Yet it is not more the duty of the members of the Department to unite in performing, in accordance with the regulations of those in authority, the services for which they accept the public pay, than it is for those who rule over them to dispel such causes of complaint as may be removed without injury to the public good; and when the appeal for redress comes alike from the advocates of either scheme, there can be little doubt that it is genuine.

While the early difficulties of introducing the new system were being combated, it was somewhat hastily assumed that exchanges should be in abeyance, with what necessity it is useless now to inquire; but the scheme having become an established fact, there could be no greater concession, no more conciliatory act, than the restoration to medical officers of that privilege which is freely enjoyed by all other officers of the army, and the withdrawal of which has caused in families some of the saddest scenes. Were the Director-General of opinion that unfair use could be made of exchanges to the injury of those who spend long periods in foreign climates, the requirement of a fixed proportion—say one-third—of foreign to total service for promotion to the administrative ranks, would inform those who wished for private reasons to defer or avoid foreign service that they must pay for the privilege, not only in money but in prospects, and all abuse would be thereby rendered impossible.

Should, then, the promulgation of the new Warrant be followed by such representation on the part of Sir William Muir to the Secretary of State as would lead to the recovery of the privilege of exchange, all straightforward men must perceive that at the moment of success the Director-General will have come forward with a substantial boon to compel the recognition of that higher character with which the columns of THE LANCET invariably credited him.

I am, Sir, yours obediently,

July, 1877. A MEDICAL OFFICER.

PARIS.

(*From our own Correspondent.*)

MEETING OF THE HIGH COUNCIL OF PUBLIC EDUCATION.

THE first meeting of the "Superior Council of Public Instruction," which has to decide, or at least to give an influential opinion, on all questions connected with public education, took place last week at the Ministry of Public Education, under the presidency of M. Brunet, the new Minister. The business of the day was begun with elections for forming a board, and appointing various commissions. M. Dumas, the illustrious chemist, who has just obtained the Albert medal from the London Society for the Encouragement of Arts, was elected president to the first commission, with the Archbishop of Paris for vice-president. The second commission chose the Archbishop of Rouen for president, and Professor Laboulaye for vice-president. The third chose, respectively, M. Wallon and M. Gaillard; and the fourth, M. Andral (son of the renowned physician) and M. Bersot.

Amongst the subjects which were brought under the notice of the commission at its first meeting were several of professional importance — namely, the adoption of various measures connected with the post of vice-professor at the Schools of Medicine of France, and the foundation of two new schools of medicine, one at Angers and one at Rouen. The decision of the Council will not be taken on these questions for some time.

SALICYLIC ACID AND SALICYLATE BEFORE THE ACADEMY OF MEDICINE.

Three of the last sittings of the Academy of Medicine of Paris have been taken up by Professor Sée's communication on the above subject, and the various remarks which it induced. Professor Sée's communication was a very valuable one, embracing a complete history of the drugs, their physiological and therapeutical properties, and especially the results of his own experience on the subject. Dr. Sée is really enthusiastic in his appreciation of salicylate of soda, which is the form of the drug that he employs in preference to all others. He declares its effects to be really wonderful in acute and chronic rheumatism, gout, and neuralgia. In twenty-four hours it removed pain, in two or three days the fever and other symptoms. He did not consider it useful or efficacious as an antipyretic, but thought it was highly valuable through the *ensemble* of its properties. He gave it in doses of from two to two and a half drachms in a solution, to be taken in the twenty-four hours in doses of one tablespoonful at a time, and he strongly recommended the continuance of the remedy, in gradually decreasing doses, for several days after the disappearance of pain and fever.

Professor Sée's communication was received with some surprise by his colleagues, as there had been much difference of opinion expressed until then in regard to these drugs in the medical press and medical societies of this country. The greater number of his fellow associates, however, who took part in the discussion which followed, were in favour of Dr. Sée's conclusions.

THE NEW HÔTEL DIEU.

On the 1st of September the inauguration of the new Hôtel Dieu is to take place, and preparations are already being made for pulling down the old building which, it is stated, dates from the seventh century. It was Landry, Bishop of Paris, and the Canons of Notre Dame, who first founded and paid all the expenses of the sick poor admitted into the "House of Refuge." Its history since then, both scientifically and "nosocomially," has been one of great interest. In a few short weeks it will be no more, and only those who have seen the old blackened walls on both sides of the arm of the Seine, the bridge which connected them, the dark subterranean passages, with the dead house, the dissecting rooms, &c., the quaint old portico with its inscriptions, under the shade of Notre Dame, will remember the picturesque and interesting aspects of the "old Hôtel Dieu." It is by contract that the work of

demolition is to be done. The materials have been sold for 70,000 francs. What clouds of associations will arise with the dust sent up by the pickaxe and shovel.

Next week the remains of the "virtuous" Monthyon, which lie under the portico, are to be transferred to the Chapel of St. Julien la Prieuré, this measure being necessitated by the forthcoming beginning of the works.

Whilst on this subject, I may just mention that the School of Medicine begins to look orderly again amongst the heap of sand and stones and the army of bricklayers who had been pulling down, or building up, in its neighbourhood. It is now nearly isolated on the new Boulevard St. Germain, a splendid avenue which runs through the Quartier Latin and the "other side of the water," taking in almost every edifice of scientific interest till it reaches the Corps Legislatif, opposite the Place de la Concorde. Marshal MacMahon inaugurated this boulevard yesterday, by driving along it in his carriage from one end to the other, which had not been done before.

TREPHINING THE TYMPANUM WITH SUCCESS FOR DEAFNESS.

Dr. Bonnafont, the well-known aurist, has just published the particulars of the above case, which had excited much interest here at the time the operation was performed. He trephined the tympanum a year ago in a young girl of twenty, who was suffering from deafness, which nothing could remove. She could hear the ticking of a watch when applied to the skull. The tympanum was perforated by means of a special trocar, and an accompanying cannula, provided with small wings, which could be pushed out *ad libitum*, was left in the tympanum. Restoration of hearing took place instantly. Twenty days after, symptoms of inflammation, swelling, and abscess showed themselves; but as they were confined to the middle and external ear, and as there was no headache or fever, poulticing and injections were ordered, and the cannula was left in its place. A month afterwards all these phenomena had disappeared, and the cannula fell out. It was then seen that the hole made by the trocar in the tympanum was perfect and unimpaired. The patient is now quite right and hears well. Dr. Bonnafont thinks that this is a great triumph in aural surgery, and that trephining of the tympanum will take the same rank and render the same service as removal of the cataract in eye surgery.

OPENING OF AN ABSCESS IN THE BRAIN WITH THE KNIFE.

Speaking of the trephine, I must not fail to record the bold and successful interference of Dr. Tillaux and Dr. Proust, in a case of cerebral abscess. The patient, in the wards of Dr. Proust, at Lariboisière, was convalescent from an attack of illness, when one day he was taken with right hemiplegia and aphasia. He had necrosis of the parietal. Dr. Proust and Dr. Tillaux, after considering the particulars of the symptoms, which space does not allow me to describe at length, considered that the phenomena were due to pressure exerted by the necrosed bone, or even to the existence of an abscess in the dura mater or the cerebral substance. An incision was made; two splinters were removed, the dura mater was laid bare and found thickened and covered with fungous growths. It was decided that things might be left as they were for a few days, that it might be seen whether it was compression that had caused the symptoms. The aphasia and paralysis persisted, however, and Dr. Tillaux, in order to avoid the longitudinal sinus, widened the opening made in the skull by means of a chisel and hammer, and having selected a suitable spot, cut the dura mater, and thrust the bistoury into the cerebral substance. A jet of matter came away, and a grooved sound was used with the result of obtaining a teaspoonful of matter. A thread was then put in. Immediately after the operation the patient recovered his speech, and declared he felt much better. Paralysis has not disappeared. There was evidently some encephalitis round the abscess, but the patient's life is saved.

NOMINATIONS.

The concours for the appointment of two surgeons to the Paris hospitals has just ended in the nomination of Dr. Berger and Dr. Pozzi.

Dr. Guyon has been elected to the chair of Surgical Pathology at the School of Medicine.

Paris, July 24th, 1877.

Obituary.

F. F. LALLEMAND, F.R.C.S. ENG.

MACCLESFIELD has recently lost a highly esteemed member of the profession, in the person of its senior surgeon, Mr. F. F. Lallemand. He came to the town as house-surgeon to its dispensary, soon after the formation of the institution; and by punctual and uniform attention to the duties it involved, and by kindliness of manner towards the patients, he secured the confidence and respect of its governors and supporters as well as of the community at large. Hence, when the prescribed term of his surgeoncy expired, he found it easy to locate himself in the town as a general practitioner, and to build up a practice which included many of the gentry of the locality and its vicinity. Possessing a sound discriminating judgment, he was rarely at fault in his diagnosis. In operative surgery his facilities were especially conspicuous in the cool self-possession and manual dexterity he displayed; and in the obstetric department his qualifications were well sustained by promptness, patience, and perseverance.

After a course of practice extending over half a century, Mr. Lallemand intimated his intention of withdrawing altogether from active life, and retired to a quiet rural dwelling, about two miles distant from the town. As soon as this intimation was given, his patients and friends subscribed a sum of money, which was presented by a select company of gentlemen of the town and neighbourhood. The names of all the contributors were appended to the address, the whole being superbly engrossed on vellum.

Some time prior to his decease, which occurred at his late residence on the 19th ult., he handed over to the governors of the infirmary a valuable collection of anatomical preparations, natural and morbid; which will doubtless be augmented, from time to time, by specimens of local interest, through the different members of the honorary medical and surgical staff.

The funeral of the deceased was attended by nearly all the medical gentlemen of the town, and his remains were deposited in his own vault at Gawsworth Church—an ancient and interesting rectory, all its surroundings harmonising well with the solemn stillness of the occasion.

ROBERT GEORGE BOULTON, M.D. AND J.P.

Dr. BOULTON died of renal calculus on July 12th, at his residence in Beverley, Yorkshire, having just passed his seventy-second birthday. He was educated at Edinburgh, and afterwards settled in Beverley, where he held a leading position, both professional and social, for forty-seven years. He was the senior magistrate of the borough, a staunch Churchman, and Conservative. He married ANN, second daughter of the Rev. H. R. Whytehead, of Thormanby and Creyke, Yorkshire, by whom he had twelve children, nine of whom survive him. He has two sons in the medical profession, William Whytehead, who succeeds to the practice in Beverley, and Dr. Percy Boulton, who has chosen a wider sphere in London. Dr. Boulton was an able practitioner, and had attended and kept accurate notes of over 3000 cases of midwifery, with an extraordinarily low average of maternal deaths. He was fond of his gun, and was a fine example of a manly country gentleman type of practitioner. The rich and poor of Beverley alike have lost in him a kind, sympathetic, and trusted friend.

FREDERICK TICEHURST.

Mr. TICEHURST, of Hastings, was one of its most active and public spirited citizens, as well as one of its most efficient medical practitioners. He served the town in various capacities, frequently in that of mayor. He was also coroner for the borough of Hastings. The local press speaks in high terms of his character as a gentleman and a public man. He became a Member of the College of Surgeons of England in 1832, and a Licentiate of the Society of Apothecaries in 1831. He was consulting surgeon to the East Sussex Infirmary.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 24th and 25th inst:—

Ainsley, Thomas G., West Hartlepool.
Allard, Joseph H., L.R.C.P. Edin., Tewkesbury.
Armstrong, George R., L.K.Q.C.P. Irel., Kingstown Dublin.
Ashworth, John W., Manchester.
Bartlett, Felix P., Brixham.
Benham, Frederick L., Gloucester-terrace.
Bowen, Owen, Llandilo.
Bradford, Cowley, Birmingham.
Briggs, Henry, M.B. Edin., Prestwich, near Manchester.
Brock, Alexander C., L.R.C.P. Lond., Guernsey.
Cooper, Thomas H., Hampstead.
Dennis, Frederic S., M.D., New York.
Devis, Charles J., Birmingham.
Drinkwater, Harry, M.B. Edin., Sunderland.
Dumbleton, Edgar H., Southampton.
Evans, Henry, Barmouth.
Fairclough, John J. K., M.D., Manchester.
Fenwick, Bedford, M.B., Harley-street.
Galloway, Arthur W., L.R.C.P. Lond., Fitzroy-road.
Gomes, Dominic A., L.R.C.P. Lond., Bombay.
Gristock, William, L.S.A., Blandford-square.
Harris, George F. A., Sutherland-gardens.
Harrison, Damer, L.K.Q.C.P. Irel., Liverpool.
Jewell, Charles C., Brighton.
Jones, Cyril L., L.S.A., Blackfriars-road.
Jones, Lloyd, M.B., Narberth.
Jones, Roger H., Liverpool.
Jones, William P., Bangor, North Wales.
Kirker, Gilbert, M.D., Belfast.
Langdon, John S., L.R.C.P. Lond., National Hospital, Queen's-sq.
M'Clelland, Joseph, M.D., Liverpool.
Messum, Julian A. B. G., Champion-hill.
Morgan, Edward S., Swansea, South Wales.
Norton, Thomas C., Bristol.
Pilkington, John E., Manchester.
Prior, Edward T., Talbot-square.
Prowse, Arthur B., Cambridge.
Prytherch, Hugh, L.R.C.P. Edin., Anglesea.
Rose, James, Liverpool.
Scott, W. George, L.S.A., Bedford.
Shaw, Charles T. K., St. Leonard's-on-Sea.
Sidebotham, George W., Hyde.
Smith, Alexander J., Ladbroke-crescent.
Smith, Herbert U., Basildon.
Steele, Charles E., Liverpool.
Symington, Johnson, M.B. Edin., Fenny Stratford.
Turner, George Robertson, Sussex-gardens.
Uthoff, John C., Penge.
Vasey, Samuel W., Cavendish-place.
Walcot, H. Lewis, L.R.C.P. Edin., Tenby, South Wales.
White, Howell H., Corwen, North Wales.
Whittle, Ewing, M. G., Cambridge.
Wright, Arthur, L.S.A., Paddington.

By some accident the names of all those gentlemen who presented themselves from Guy's Hospital and were successful recently in passing the examination in Anatomy and Physiology, were omitted from the list forwarded to us and published in the last number of THE LANCET. They are as follows:—

Henry Charles, Stanley T. Thomas, Edw. L. Brocklisa, Francis S. Pilkington, Arthur D. Deane, Stephen H. Moore, Oscar B. Shelswell, Charles Sage, Ernest O. Stuart, J. Willoughby Hodgson, Frederick Hitch.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine and received certificates to practise on the 19th inst.:—

Flewitt, Walter, Birmingham.
Giffard, Henry Edward, Horsham, near Esher.
Weekes, Francis Henry, Auckland, New Zealand.

The following gentlemen also passed the Primary Professional Examination:—

Andrew Baird and W. H. Tindal King, St. Mary's Hospital; Geo. Albert Farrer and George Lucas Pardington, St. Bartholomew's Hospital; Joseph Septimus Fallon, Westminster Hospital; Arthur E. R. Bower, St. Thomas's Hospital; Charles James Devis, General Hospital, Birmingham.

THE Library of the Obstetrical Society will be closed during the month of August.

PRESENTATIONS.—Mr. P. L. Booth, House-Surgeon of the North Lonsdale Hospital, Barrow-in-Furness, was, on the anniversary of his birthday, presented with a clock, mounted with a gold plate, inscribed: "Presented to Dr. Booth, by the nurses and patients of the North Lonsdale Hospital, as a mark of their esteem for his uniform kindness. July 15th, 1877."—Last week an elegant epergne was presented, by the officers of the Lambeth Infirmary, to Dr. and Mrs. Lloyd, accompanied by the names of the donors engrossed on vellum.

THE appointment of a consulting-surgeon to the City of London Lying-in Hospital, *vice* Coulson, deceased, has been postponed to October.

HEALTH OF DUBLIN.—In the June quarter the births registered in Dublin amounted to 2410, being equal to 30·6 in every 1000 of the population; and the deaths to 2264 (excluding 97 deaths not chargeable to the Dublin district), being equal to an annual mortality of 28·8 per 1000. The deaths from zymotic diseases came to 411, being equal to an annual death-rate of 5·2 in every 1000 inhabitants. This number was beyond the average, being principally due to the prevalence of measles, which caused 146 deaths, or more than one-third of the total mortality from zymotic affections. The principal causes of death were as follows: bronchitis, 396 deaths; phthisis, 299; convulsions, 165; measles, 146; heart-disease, 103; pneumonia, 93; fever, 79; paralysis, 58; hydrocephalus, 53; mesenteric disease, 50; cancer, 39; kidney disease, 38; liver disease, 36; whooping-cough, 34; diarrhœa, 31; apoplexy, 25; croup, 25; scarlatina, 23; epilepsy, 13; smallpox, 8; whilst 45 deaths resulted from accidents.

BEQUESTS, &c., TO MEDICAL CHARITIES.—Mr. Edward Tew bequeathed £4000 to the Clayton Hospital, Wakefield. The Worcester Infirmary has received £1000 under the will of Mrs. Wall, of Powick. Mr. James Brown, of Upper Grosvenor-street, bequeathed £500 to the Doncaster Infirmary, £250 to the Leeds Infirmary, and £200 to the York County Hospital. The trustees of the Cholmondeley Charities have given £100 to the Charing-cross Hospital Extension Fund. The Victoria Hospital for Children, Chelsea, has received £100 under the will of Mr. Thomas Lewin. Messrs. Drummond and Messrs. Coutts and Co. have each given 50 guineas to the Westminster Hospital. The late Mrs. Knipe, of Clyde-road, Dublin, has left £100 to each of the following charities—namely, the Hospital for Incurables, the Adelaide Hospital, and the Cumberland Infirmary, of Carlisle; and £300 to the Cripples' Home, Bray. His Majesty the King of Sweden and Norway has given £20 to the French Hospital and Dispensary.

Medical Appointments.

BATEMAN, A. W., B.A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed a Junior Resident Medical Officer to the Royal Free Hospital, vice Street, resigned.

BURTON, W., L.R.C.P.Ed., has been appointed Medical Officer to the Hearts of Oak Society, Wrexham.

CAMERON, A., M.D., L.R.C.S.Ed., has been appointed Medical Officer for No. 2 District of the Bath Union.

CARLYON, T. B., M.R.C.S.E., L.S.A.L., has been appointed a House-Surgeon to the West London Hospital.

DUNBAR, J. J. MacWhirter, L.R.C.P.I., M.R.C.S.E., has been appointed House-Physician to St. George's Hospital.

GREEN, E. F. S., M.B. & C.M., has been appointed Medical Officer to the Almshouses (Warner's Charity), Boyton-Woodbridge, vice Dunlop, resigned.

HEDERMAN, W., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Rathkeale No. 2 Dispensary District of the Rathkeale Union, co. Limerick, vice Hayes, transferred to No. 1.

HIBBINS, J. W., L.R.C.P.Ed., has been appointed Assistant House-Surgeon to the Cumberland Infirmary, Carlisle, vice Smyth, appointed House-Surgeon.

HORTON, H. J., L.R.C.P.I., M.R.C.S.E., has been appointed a Surgeon to the City Provident Dispensary and Surgical Appliance Association.

HUTCHINSON, V., M.D., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the No. 3 Sub-district of the Auckland Rural Sanitary District.

KILBURN, W. B., M.R.C.S.E. & L.M., L.S.A.L., has been reappointed Medical Officer of Health for the No. 2 Sub-district of the Auckland Rural Sanitary District.

LACY, A. G., L.R.C.P.L., M.R.C.S.E., L.S.A., has been appointed a House-Physician to Guy's Hospital for the ensuing six months.

LANGFORD, P. P., M.R.C.S.E., L.S.A.L., has been appointed a Surgeon to the City Provident Dispensary and Surgical Appliance Association.

LUCAS, H. O., M.R.C.S.E., L.S.A.L., has been appointed a House-Surgeon to the West London Hospital.

MANSON, R. T., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the No. 1 Sub-district of the Auckland Rural Sanitary District, vice McKane, whose appointment has expired.

MERCIER, C. A., F.R.C.S.E., has been appointed Assistant-Surgeon to the Jenny Lind Infirmary for Sick Children, Norwich, vice Turner.

MEREDITH, J. E., M.D., has been appointed a Physician to the West Kent General Hospital, Maidstone.

MILNE, I. K., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the East Bradenham District of the Swaffham Union, and Medical Officer of Health for the Bradenham Sub-district of the Swaffham Rural Sanitary District, vice Clouting, deceased.

O'CONNOR, M., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer of Health for the Chatteris Urban Sanitary District, Cambridgeshire.

PALMER, T. D., L.R.C.P.Ed., L.F.P.S.G., has been appointed a Medical Officer, Public Vaccinator, &c., for the Sligo Dispensary District of the Sligo Union, vice Devany, deceased.

PARKER, A. F., M.R.C.S.E., L.S.A.L., has been appointed Assistant House-Surgeon to the General Hospital, Bristol, vice Hobson, resigned.

ROSS, D. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Cloyne Dispensary District of the Midleton Union, co. Cork, vice Owane, resigned.

SHAPTER, T., M.D., F.R.C.P.L., has been appointed a Consulting Physician and Hon. Governor of the Devon and Exeter Hospital, on resigning as Physician.

SMYLY, Dr. W. J., has been appointed an Assistant-Physician to the Rotundo Lying-in Hospital, Dublin, vice Purefoy, whose term of office has expired.

SMYTH, F. S., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the Cumberland Infirmary, Carlisle, vice Spence, resigned.

SWETE, E. H. W., M.D., has been appointed Public Analyst for Droitwich for two years.

TRIMMER, F., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 9 District of the Lexden and Winstree Union, Essex, vice Worts, resigned.

TURNER, H., M.R.C.S.E., L.S.A.L., has been appointed a Surgeon to the Jenny Lind Infirmary for Sick Children, Norwich, vice Gibson, deceased.

WEBB, J. R. W., M.R.C.S.E., has been appointed House-Surgeon to St. George's Hospital.

WILSON, J., L.R.C.P.Ed., L.F.P.S.G., has been reappointed Medical Officer of Health for the Stockton Rural Sanitary District, at £200 per annum.

Births, Marriages, and Deaths.

BIRTHS.

ATKINSON.—On the 16th inst., at Kingston-on-Thames, the wife of F. P. Atkinson, M.D., of a daughter.

DUNCAN.—On the 22nd inst., at Buckingham Palace-road, the wife of H. M. Duncan, M.D., of a daughter.

HAMILTON.—On the 17th inst., at Northampton-park, Canonbury, the wife of Thomas Hamilton, M.B., of a son.

MCMUNN.—On the 20th inst., at Waterloo-road South, Wolverhampton, the wife of Charles A. McMunn, M.D., of a son.

PRIESTLEY.—On the 17th inst., at Halstead, Essex, the wife of C. E. Priestley, M.R.C.S.E., of a son.

SHEARMAN.—On the 17th inst., at Swinton, Manchester, the wife of W. M. Shearman, L.R.C.P.Ed., of a son.

MARRIAGES.

GEOGHEGAN—BENNETT.—On the 18th inst., at St. Mary's, Harrogate, by the Rev. G. F. Wade, Vicar of St. Laurence's (uncle of the bride), assisted by the Rev. G. O. Brownrigg, Vicar, W. Geoghegan, M.B., M.Ch., Surgeon Army Medical Department, to Annie E., second daughter of Dr. Bennett, of Redcar.

GRIMES—CROOKE.—On the 17th inst., at Trinity Church, Brompton, by the Rev. Arthur Sinclair Brooke, M.A., John Grimes, M.D., B.Sc., of Grassendale, Liverpool, to Emily, elder daughter of Reginald Crooke, of Mossley-hill, Liverpool.

LEWIS—DOWNING.—On the 17th inst., at the Parish Church, Falmouth, by the Rev. B. Smart, Curate, Lewis Lewis, L.R.C.P.I., M.R.C.S.E., of Westbury-terrace, Plymouth, to Annie, daughter of the late J. V. Downing, of Falmouth.

DEATHS.

BELLYSE.—On the 21st inst., at Oakfield, near Nantwich, Edwin Swynfen Bellyse, M.D.

BLACKETT.—On the 18th inst., at Whickham, Durham, George Price Blackett, L.R.C.P.Ed., aged 39.

COTTERELL.—On the 28th MAY, at Nelson, New Zealand, Charles Edward Cotterell, M.R.C.S.E., aged 43.

EATON.—On the 8th inst., at Ancaster, Freeman Eaton, M.R.C.S.E., aged 69.

ELLIOTT.—On the 22nd inst., at Belgrave-terrace, Upper Holloway, John Elliott, M.R.C.S.E., aged 80.

LAMBERT.—On the 20th inst., at Bath, Edmund Lambert, M.D., aged 82.

LITHGOW.—On the 20th inst., at Weymouth, James Lithgow, M.D., aged 58.

LYLE.—On the 15th inst., at Hackney, Frederick John Lyle, Surgeon, aged 43.

MCCOURT.—On the 19th inst., at Birtley, Chester-le-Street, Patrick McCourt, L.F.P.S.G., aged 36.

MOIR.—On the 17th inst., at Strathblane, John Moir, M.B., aged 23.

NOAD.—On the 23rd inst., at Lower Norwood, Henry M. Noad, Ph.D., F.R.S., Professor of Chemistry at the St. George's Hospital Medical School, aged 62.

REEVE.—On the 24th inst., at Upper Norwood, J. Foster Reeve, M.R.C.S.E., aged 87.

REITH.—On the 16th inst., at Petteresse, John Reith, Surgeon, aged 60.

WALKER.—On the 20th inst., at Dumfries, James Walker, M.D., late of Cupar, Fifeshire.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

BOOKS ETC. RECEIVED.

W. I. H. Lush: Examination Papers for the Use of Medical Students.
C. Darwin on Forms of Flowers.
W. Gregory: Animal Magnetism.
The Popular Science Monthly. August.

Notes, Short Comments, and Answers to Correspondents.

METROPOLITAN HOSPITAL SUNDAY FUND.

THE amount of this fund is less than was collected last year; the total sum available being £24,900. £22,747 is to be divided among seventy-six hospitals, and £2223 given to forty-three dispensaries. It is much to be regretted there should be a falling off in the receipts. We cannot, however, wonder at the result, considering the awkward time of the year chosen for the collection. This should be reconsidered, and may well form a topic of deliberation on the 2nd of August, when the representatives of ten hospitals meet the Committee of Management to adopt the scheme of distribution proposed.

M.D. (Somerset) would do well to apply to one of the ophthalmic surgeons to the best general hospitals, or take out a course of instruction at the Moorfields Ophthalmic Hospital.

W. T.—We cannot recommend any particular work on the subject.

SMALL-POX.

To the Editor of THE LANCET.

SIR,—In *The Times* of the 20th July I observed a report from the Lambeth Court of the conviction of a man "for not giving notice to the police authorities that he had a mare affected with glanders, and for having turned the mare into a field." Evidence was adduced that the defendant had no knowledge of the disease, so that he had turned other horses into the field. The magistrate, however, held that there had been recklessness in the case, and imposed a fine of £15 and costs.

In the same issue I see it reported that evidence was given before the Select Committee appointed by the House of Commons to consider the subject of the Cattle Plague of a further outbreak of the disease in Bethnal-green. The report says that "information of the present outbreak had been obtained from the police, the owner of the infected animals having concealed their condition, for which act the Privy Council had been advised to prosecute him, and to refuse him compensation for the animals slaughtered."

Now, Sir, although it is a well worn subject, I would ask your permission for a little space to place side by side with these accounts an instance of the manner in which small-pox is dealt with. It is not an isolated case, but illustrates the concealment of small-pox, the poor quality of vaccination, the existence of unvaccinated cases after so many months of epidemic, and the want of any authority for systematic revaccination when small-pox breaks out. In a house occupied by three families, in a crowded neighbourhood, where small-pox has been very rife, a child was attacked. The existence of the disease was deliberately and persistently concealed by the father's own confession, and a medical man not called in. After a while suspicion arose from blankets covered with scabs being hung over a wall in the yard; but the parents again and again denied that their child had small-pox. The child recovered, and soon ran about the house. Simultaneously many members of the household were attacked, and two out of several unvaccinated children in the houses at the back. Subjoined is a table of the household, and what occurred to the members.

G. L., aged 32. Well vaccinated when 10 years old.	
Mrs. L., aged 32. Three good marks done in infancy.	Not attacked.
Amelia L., aged 5 years. Well vaccinated on both arms.	Not attacked.
Edith L., aged two years. Ditto.	Not attacked.
George L., aged 15 years. Well vaccinated in infancy; has had about nine spots. Not removed to hospital.	
Arthur L., aged 12 years. One good and one bad mark.	Very mild, modified small-pox. Sent to hospital.
Albert L., aged 10 years. Three good marks.	Very mild, modified small-pox. Sent to hospital.
Edward L., aged 7 years. Unvaccinated. Now lying dangerously ill in hospital.	
Alice L., aged 4 years.	Removed to hospital.
Ernest L., aged 9 months.	Died.
John D., aged 39. Seven marks. Very mild, modified small-pox.	
Mrs. D., aged 39. Five good marks. Not attacked. Confined since outbreak.	
Sarah D., aged 12 years. Five marks.	Not affected.
Rosa D., aged 10 years. Four marks.	Not affected.
Florence D., aged 9 years. Three indifferent marks. Very slight attack.	
Amelia D., aged 5 years. Trace of a cicatrix. Died. These cases were removed to hospital.	
D. L., aged 41. Unvaccinated. Removed to hospital. Died.	
Mrs. L., aged 40. Unvaccinated.	Apparently not attacked.
E. L., aged 4 years. Unvaccinated.	Apparently not attacked.
M. L., aged 10 years. Unvaccinated. This was the original case, and cause of all the mischief. Her uncle states she is still running about at home with scabs on her limbs.	
Several other members of this family are unvaccinated, but do not reside at home.	
Policeman B. Has suffered from small-pox.	

I will not take up your space, Sir, by any further remarks; but the conclusions to be drawn are sufficiently obvious and well recognised.

I am, Sir, yours faithfully,
THOMAS C. FOX,
Medical Superintendent.

The Metropolitan Asylum District, Fulham Hospital,
Seagrave-road, Fulham, July 23rd, 1877.

HAY FEVER.

IN reference to the note on this subject published on page 116 of our last issue, "M. F. H." writes to say that the ointment recommended for the relief of the affection should be smeared on the *inside*, not the outside, of the nostrils.

Mr. Chavasse is thanked for the report, which will receive attention.

VOLUNTEER SICK-BEARERS.

A MOVEMENT is on foot to organise a corps of volunteer sick-bearers. At a meeting held on Wednesday last, in the rooms of the Society of Arts, the preliminary arrangements were made, and it was determined to ask assistance from the War Office. It is proposed to establish in leading towns classes for special training in "field surgery" and the approved modes of rendering prompt assistance to the wounded on the field of battle. The subject is full of interest and importance. We wish the movement every success, but it must be a fundamental condition of the enterprise that the instruction given and received has the sanction of the Medical service. There is no room for amateur ingenuity, however well-intentioned, in the development of a system designed to effect a serious professional purpose in the presence of peculiar dangers and difficulties.

Inquirens.—A surgeon cannot legally demand fees from passengers, as, unless specially notified to the contrary, his services are supposed to be included in the passage money.

Medicinæ.—Ellis's Plates are much the best for the purpose.

INTUSSUSCEPTION IN AN INFANT.

To the Editor of THE LANCET.

SIR,—The following few notes of a case of intussusception in an infant, five months old, may be interesting to some of your readers.

On Tuesday, June 26th, at about 11 A.M., I was called to see a fine, healthy infant, aged five months, who had just been seized with the following symptoms:—He was lying in his mother's arms, to all appearance as well as usual, when he was observed all of a sudden to become deadly pale. His parents were much alarmed at this alteration in his colour, which was so sudden and unaccountable, and thinking he was about to die they sent at once for me. I found him suffering from what appeared to be colicky pains in the body; but the chief thing which attracted my notice was the extreme pallor of the countenance. I ascertained that two not unnatural motions had been passed that morning, and the only explanation his mother could give was that she had made a slight change in his clothing, and that he had been exposed to the rain whilst driving in an open carriage a few days before. This she thought might have given him cold. About an hour after I saw him, and had administered some warm carminative, he passed three stools almost entirely of blood. From that time he suffered from continual attacks of severe straining, as if he were trying to pass a motion, blood and bloody mucus being passed, but no fæcal matter. It was diagnosed to be a case of intussusception. Opiates, belladonna, &c., were prescribed with a view to relieve spasm; a long tube and a large-sized male catheter were introduced; air was blown through the catheter with a view to displace the bowel; soap and-water and belladonna enemata were used, but all in vain. There was no particular hardness in any part of the abdomen; but it soon became greatly distended, and sickness supervened. The child never refused food, but took eagerly all that was given him. He slumbered from the effects of the medicine, but woke up every now and then with uneasiness and straining. This state of things continued up to Tuesday morning, July 3rd, when he died. He had seemed more lively, and his general appearance was better, for the two days before his death, and the sickness had abated.

At the post-mortem examination I found the abdomen immensely distended, and a little fluid in the peritoneal cavity. The intestines were much congested and distended to their utmost limit. On tracing the bowel upwards from the rectum, I found it contracted and quite empty until I came to the ascending colon, where the seat of mischief was discovered. The lower half of the ascending colon was filled with a hard mass. The cæcum and with it the ileum appeared to be turned in upon itself, and the colon for a whole finger's length; so firmly was it held that the whole side of the bowel had to be cut through with scissors before it could be exposed. The coats of the involuted portion appeared to be quite macerated and changed in character, and it was easy to see that the mischief had been increasing by every effort the child had made. A more complete case of intussusception could not be. The vermiform appendix was drawn completely inside, and only its end projected from the bowel.

I remain, Sir, yours faithfully,
Bridlington, Yorks, July, 1877. FRANCIS C. BERTY, L.R.C.P., &c.

G. J. M.—The last published volume of the Bibliothèque Scientifique Internationale contains an article, entitled "L'Espèce Humaine," by M. Quatrefages, which will, we think, be of use to our correspondent. We are not aware that the intention to publish a translation of the essay has as yet been carried out.

R.—The attempt to discredit the opinion expressed by 920 members of the profession on the Grocers' Licence has been already dealt with as fully as it deserves.

"A HINT TO VACCINATORS."

To the Editor of THE LANCET.

SIR,—May I remark on Mr. A. Benthall's letter that it would be interesting to know how long the insusceptibility to vaccination had continued in his successful case; for I doubt the mode of introducing the lymph having anything to do with the result. Cases like the following have occurred to all vaccinators, proving temporary insusceptibility.

1. A gentleman, aged sixty-eight, who had for years acted as assistant to his brother, a surgeon in large practice, told me three years ago it was no use vaccinating him; he never took. But though he had resisted vaccination sixty-eight years, he succumbed to the ordinary process.

2. Infant vaccinated with fresh lymph by my father twice, and by myself thrice. On the eighth day after the fifth vaccination the parents were very wrath. On the fifteenth they sent for me to see the arm. Four places had taken, though at the fifth vaccination only three places had been done.

3. Vaccinated A. and B. from the same tube on the same day. A. took, and I took fresh lymph from it. B. had not taken, and I revaccinated B. with A.'s lymph on its other arm. On the eighth day B. had six typical vesicles, three on either arm.

These cases show insusceptibility, and not imperfect vaccination. Of course any vaccinator could multiply such cases *ad infinitum*.

Yours faithfully,
Framlingham, July, 1877. GEO. E. JEAFFRESON.

DEATH IN A POLICE-CELL.

A CASE of neglect has occurred at Reading. A man, found lying drunk in the road, was put away in a cell, and, after some hours, it was found necessary to send for a surgeon. The poor fellow lay in wet clothes on a brick floor all the night after having been exposed to the rain. It was no one's fault. The verdict recorded seems to have been "alcoholic poisoning"—a sufficiently shelving account of the matter. When will common sense suggest reasonable precautions to avoid the "misadventures," not only regrettable, but culpable, which too frequently occur?

Mr. A. E. Barker's paper has been received, and shall be published as early as possible.

RUPTURE OF THE HEART.

To the Editor of THE LANCET.

SIR,—The following is a case of rare occurrence, and may therefore be thought worth recording.

Last Monday week I was sent for in great haste to go to see a patient, who was said to be in a "fainting fit." This was my first attendance. When I arrived I found the patient, a woman of upwards of seventy years of age, lying on her back, very blanched, and to all appearance dead. A careful stethoscopic examination proved such to be the case. The husband informed me that his wife got up as usual about half-past seven o'clock, and prepared the breakfast, which meal she had nearly finished, when she received a letter containing the news of the death of a dear friend. This was at a quarter past eight. After having perused the letter she immediately fell back in her chair, and complained of a feeling of suffocation, and begged her husband to loosen her dress. This being done, she experienced temporary relief, and was able to breathe with comparative freedom for a few minutes, during which time she expressed her belief that she was dying. Shortly after this, five minutes after she was first taken, she uttered a solitary cry, threw out her arms, and fell to the floor insensible. At twenty-five minutes past eight, ten minutes after the perusal of the letter, she was dead.

On making a post-mortem examination the next day the following appearances were observed:—The body generally was well nourished, rather inclining to obesity. The arcus senilis was distinctly marked in both eyes. The dura mater was closely adherent to the skull-cap, and over the longitudinal sinus were several patches of miliary tubercles scattered here and there. The pia mater was injected; but the brain-substance on section was very anæmic. When the sternum was removed, the pericardium was found distended with fluid, which caused it to assume a pyramidal shape. On dividing the sac, a large quantity of blood escaped; and after a careful examination of the heart *in situ*, an aperture was discovered in the upper part of the right ventricle, immediately below one of the cusps of the valve. The opening was large enough to admit the index-finger readily; and around the seat of rupture, which was in the direction of the heart's fibres, was an extravasation of blood into the cardiac substance of about the size of a florin. The opening was slit-like, and about an inch in length. Both the mitral and tricuspid valves were considerably thickened, and irregular in outline. On the left side this thickening extended about half an inch beyond the point of junction of the valve to the lining membrane of the heart, and on the free edge of the valve were numerous small wart-like deposits. The aortic and pulmonary valves were healthy. The liver was large and fatty, and this, in conjunction with the arcus senilis, would seem to indicate that the rupture was due to fatty degeneration. I regret that no microscopical examination of the tissue of the heart was made.

I remain, Sir, yours &c.,
Maitland-park, N.W., July 14th, 1877. A. PHILLIPS.

C. J. W.—A medical attendant, duly registered, can claim for attendance; but if the estate of a deceased patient is inadequate to the discharge of its liabilities in full, the wisdom of entering into any equitable arrangement would seem apparent.

THE conclusion of *Dr. Gowers'* paper on Saltatoric Spasm will appear in our next number.

ON INDUCTION COILS.

To the Editor of THE LANCET.

SIR,—I most readily apologise to Mr. Mann for having misquoted him. The point on which I have done so, however, has no direct bearing upon the main argument of my letter, which remains wholly unanswered. Mr. Mann, in fact, begs the whole question. The point to be proved is simply whether the make current has any appreciable influence upon the human body in medical applications. This influence must necessarily manifest itself either in the production of muscular contractions or in the setting up of electrolytical changes. The first is out of the question, at least with the ordinary apparatus; the second I have proved to be so insignificant as to be practically *nil*. Where Mr. Mann fails to meet my argument is in overlooking the distinction I draw between physical and physiological experiments on the one hand, where the external resistance is small; and electro-therapeutical applications on the other, where this resistance is large. Let Mr. Mann send a (medical) make current during twenty-four hours through a voltameter of 2000 ohms resistance, and see whether the experimental result does not confirm what I have advanced on theoretical grounds. I thank Mr. Mann for reminding me that the make current deflects the needle and decomposes iodide of potassium—facts which many of your readers will remember having found mentioned in the usual text-books of electricity.

In conclusion, I must repeat my protest against the old-fashioned, indiscriminate use of the terms "quantity," "intensity," and the like. What good can come of using words in half-a-dozen different meanings? In order to avoid "technicalities" you fall into all sort of confusion and error. Anyone who wishes to convince himself of the monstrous absurdities into which even experienced electro-therapeutists may fall had better turn to Benedict's "Electro-therapie," second edition, pp. 13, 14. Scientific facts must be expressed in scientific language; and, at the risk of appearing pedantic, I would prefer being understood by the few only, to indulging in pseudo-science for the million, who are but too ready to snatch at half truths half expressed, and imagine they understand.

I am, Sir, yours obediently,
Old Cavendish-street, July 20th, 1877. A. DE WATTEVILLE.

PROFESSIONAL ETIQUETTE.

IN regard to the difference which has arisen between Mr. Stedman and Mr. Sealy, on which our opinion is sought, it is to be regretted that Mr. Stedman should have declined to meet Mr. Sealy. Though it is a breach of etiquette to supersede another practitioner in a case without instructing the friends to make a courteous intimation to the medical man of their wish, this rule does not apply in cases of urgent danger or pain, as in this case. We have so lately expressed our approval of general practitioners meeting each other for consultation, *when such is the will of the patient*, that we need not go over the ground again. Had such a course been taken, we probably should not have had the unseemly exhibition that we have here of divided opinion and defect of concord.

A Registered L.R.C.S. Edin.—The certificate has no legal value. It might have a moral one under some circumstances. We should decidedly say that our correspondent would run no risk in calling himself a "Licentiate in Midwifery" on his door-plate.

Mr. H. J. Letty.—There is no special hospital for the treatment of the malady in question. Apply at St. George's Hospital.

IDIOPATHIC TETANUS.

To the Editor of THE LANCET.

SIR,—The following are the notes of a curious case of tetanus.

E. M——, black, a field labourer, forty-five years old, states that on the 1st March she went to the river to wash clothes, and stood for some hours up to her knees in the water, which she observed was unusually cold. On the 4th she felt unwell, and on the 5th noticed that her feet were "stiff and curious." The day after she had slight spasms in the feet and calves of the legs; these spasms extended by the 8th up the thighs to the abdomen. On the 11th I was called in, and found her sitting up. She said the spasms prevented her lying down; they were pretty frequent, every five or six minutes, and entirely confined to the legs and abdomen. During a strong one she could speak, open her mouth widely, and move her arms about in every direction, the muscles of the legs and the abdomen being all the while very tense. No opisthotonos; no tenderness along the spine, or pain in the back. Pulse 90; temperature 94·6°. Two days after, opisthotonos was very marked, but the disease had not otherwise extended. At the end of two weeks she was rather better, slept for several hours every night, and the spasms were less frequent and not so severe. At the fourth week she was much the same; but, having two bed-sores, was sent into hospital. She remained there some weeks, and improved but slowly. During her stay her feet became œdematous, and it was discovered that there was albumen in the urine. At the tenth week of the disease, after being six weeks in hospital, she was discharged at her own request. The tetanic spasms were then few and far between; she could under the influence of chloral sleep the whole night. About three weeks after she had entirely recovered from the tetanus. There was still œdema of the feet, which, however, was not so marked, and her general health had improved.

This case presented several points of interest.

1st. The long duration of the tetanus, nearly a hundred days.

2nd. The onset of the disease was peculiar. As far as I know there is not a case of tetanus on record in which the tetanic spasm was first observed in the lower extremities. It is still more curious that it should have extended no higher than the abdominal muscles. The respiration throughout was unimpeded; the patient could make deep inspirations during the most severe spasms.

My father, who has had nearly forty years' experience in the West Indies, never before observed a similar case.

The treatment consisted of forty-five grains of chloral and four grains of extract of Indian hemp every three or four hours, according to the urgency of the symptoms. I have been very fortunate with this method; the last four cases I have treated recovered under it.

I am, Sir, yours &c.,

A. P. BOON,

June, 1877. Government Medical Officer, St. Kitts, W.I.

J. H. W.—The qualifications in question do not rank as medical and surgical qualifications, but only as surgical. There is no difference in the law in respect of them. The introduction of the subject of medicine into the examination of the College has not the legal effect of making the diploma a double qualification as is that of the College of Physicians. The Local Government Board under peculiar circumstances does sometimes sanction the appointment of a medical man with only one qualification; but the rule is to require the double one.

Mr. Crispe Lawrence.—We shall be glad to receive the case.

DE LISLE ALLEN FUND.

THE Hon. Treasurer begs to acknowledge the following subscriptions to the above-named Fund in response to the appeal in our number of July 20th:

Barker, A. E., Esq., London	£1	1	0
Bury, G., Esq., Whetstone...	1	1	0
Ball, G., M.D., Hereford	2	2	0
Fowler, O. H., Esq., Cirencester	5	0	0
Fox, Tilbury, M.D., London	2	2	0
Jackson, Hughlings, M.D., London ...	3	3	0
Jackson, J. Carr, Esq., London	2	2	0
Jenner, Sir W., Bart., M.D., London ...	2	2	0
L. J. C., Esq., Berkhampstead...	1	1	0
Reynolds, Russell, M.D., London	3	3	0
Stear, H., Esq., Saffron Walden	2	0	0

Further subscriptions to the Fund sent to the Hon. Treasurer, Dr. Benjamin W. Richardson, F.R.S., 12, Hinde-street, London, W., or to the De Lisle Allen Fund, Union Bank of London, Argyll-place, Regent-street, W., will be thankfully received.

An Unqualified Assistant, who once signed a certificate in the absence of "the principle" (*sic*) should seek to qualify. A preliminary step would be general education.

TYPHOID FEVER AMONG NURSES.

IN a well-constructed and well-managed fever hospital it is very unusual to have nurses stricken down with typhoid fever. Yet we have reason to believe that several cases of typhoid have occurred among the nurses at both the Homerton and Stockwell Fever Asylums. The fact is occasioning much concern; but there can be little doubt that the explanation of it will be soon found in some slight fault or defect of construction—perhaps the want of ventilating-pipes from the drains. There are special facts in the case which give colour to this supposition.

Scribe, as a licentiate of the Apothecaries' Company, should certainly not call himself "doctor," nor can he be described as a surgeon. If duly registered he can act as a medical practitioner.

A.—Wilson's Handbook of Hygiene.

M.B.—The best course would be to negotiate with a publisher who could carry out the business arrangements.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I have seen many letters in THE LANCET of late on the subject of the Indian Medical Service, and none of them seem to me to hit the blot upon it satisfactorily. I have had ten years' experience of the service, and will give your readers my opinion of it, briefly, if you will allow me.

It is a first-rate service for a young man whose aim and object in life is to live pleasantly at messes and clubs in India and England, or with a turn for sport or travel. The pay is fair enough, and once a man has got over his two or three years of doing duty on unemployed pay he will have an ample margin for amusements. But I am happy to say that the men who join the service have higher and more unselfish aims than those referred to. Many, I may even say most of them, marry young. It is for weighty reasons expedient for an Indian medical officer to marry soon. Well, then, from the date of marriage they cannot save on their pay. This is no doctrinaire proposition. I have held good appointments, and I speak from practical experience as a married man. I do not say that a medical officer cannot put by a little money, enough, for example, to take one or two furloughs to England in the course of his service; enough, with incessant grinding economy, to give his wife and ailing children an occasional change to the hills besides. No. But I do say that he cannot invest money worth considering against the inevitable day when he must retire on his pension; and I warn my young friends at home that there is not a doubt about that. The pensions are—

£220 a year after 17 years' service in India.				
292	,,	21	,,	,,
365	,,	24	,,	,,
456	,,	27	,,	,,

One or two years must be added to each period for furloughs taken in excess of allowance permitted to count. Practically, therefore, to take the £365 pension, a man must have about twenty-five years' service to get it. He will be with a family, without private means, and somewhat broken down when he gets it. How is he to live on it? I ask your readers how is a married man, even if he has no children, to live in England as an officer and a gentleman on £365 a year? The service is all very well for the young; but now that the Medical Fund Annuities are done away with, it has a terrible anti-climax that is beginning already to excite attention and alarm. This is the blot upon our service, and we can only get rid of it with your co-operation and that of intending candidates. Let the latter at least be warned in time. The day is not yet come when old men, burdened with the responsibilities of their station in life, will have to turn out of the service on their unassisted pensions. It is not time yet; but it must come unless all of us who are interested strive together to avert it. The remedies are an increase of pension or restoration of the Indian Medical Fund.

I am, Sir, yours faithfully,

India, June, 1877. EXPERIENTIA DOCET.

Paidagôgos, (Liverpool.)—Readers of the reports of THE LANCET "Public Schools Commission" will find much confirmatory information on the sanitary requisites of educational establishments in M. A. Riant's "Hygiène et l'Education dans les Internats" (Paris, Hachette). The statistical tables given in the little work are highly instructive. They form an eloquent commentary on the deplorable conditions under which the youth of France attain their physical and intellectual stature, and they lead up to a series of practical observations as to the best mode of replacing those conditions by others more consonant with health.

Dr. Highmore.—Foster and Hermann.

A Non-Medical Enquirer wishes to know if there is any truth in the common statement that bicycling is injurious to the genital organs. We believe a theory has been propounded that pressure on the pudic nerves has produced an impairment of virile power.

Mr. Rossiter.—We cannot aid the object.

VACCINO-SYPHILIS.

To the Editor of THE LANCET.

SIR,—I have received a pamphlet headed "Lane and Ballard on Vaccino-Syphilis," with my name, qualification, and titles in full, as also those of Dr. Ballard.

The pamphlet, which is published at Stockton-on-Tees, consists of a portion of my lectures "On Syphilis," extracted from THE LANCET of April 21st, followed by quotations from Dr. Ballard's prize essay "On Vaccination." It contains no comments and no indication of the source from which it proceeds, but concludes with the announcement that "copies of this paper, to the number of twelve, may be had gratis from the printer and publisher on transmission of cost of postage."

Such an announcement being to my mind, and from a professional point of view, very objectionable, I am unwilling that it should be supposed, as I find is already the case, that I am in any way responsible for the appearance of this paper; and, as it is evidently being extensively circulated, I am anxious to disclaim any connexion, either direct or indirect, with its issue.

Yours &c.,

Norfolk-square, July 23rd, 1877. JAMES R. LANE.

OVARIOTOMY.

Two successful cases of ovariotomy have lately been published by Dr. Lombe Atthill, Master of the Rotundo Lying-in Hospital. The mortality from this operation, it is well known, is exceedingly high in Dublin, and all attempts to explain the excessive death-rate have hitherto failed. In Dr. Atthill's cases both were unilocular, had been previously tapped, and both patients were unmarried. The cyst in one contained 56 pints of fluid, and in the other 20 pints. In both operations ether was the anæsthetic used.

A CORRESPONDENT has enclosed to us a letter, too long for insertion, in which he complains that, when surgeon to a passenger-ship to London, he was unable to procure port wine and other medical comforts, owing to the parsimonious conduct of the captain, although these medical comforts existed on board, and are, indeed, always provided in accordance with a special schedule issued by the Board of Trade. Similar *contretemps* occur not infrequently between captain and surgeon at sea. We believe, however, that the difficulty may be met if the latter is temperate and firm in the discussion of the matter; or, failing other means, if he announces in writing to the captain that if the articles required be persistently withheld, the captain alone must be responsible for any subsequent mortality or prolonged sickness that may occur.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—Just returned with my family from the seaside, where lounges, rides, and drives have been our chief occupation, newspapers and periodicals being shelved for the sake of health, and pleasure as one of the aids, I was astonished to learn by a letter in your impression of to-day, signed "A Militiaman," that Mr. Hardy (who, it is presumed, gave utterance to the sentiments of the Ministry) should have had the hardihood to say in the House of Commons that "militia surgeons are not intelligent enough to examine recruits." A gross insult this to the profession generally, and to the examining bodies in particular, who send forth into society gentlemen, some of whom possess the highest degrees attainable, and none with degrees or diplomas inferior to the great majority of those accepted as line surgeons. Until the issue of a recent Medical Warrant, the practical experience of a militia surgeon in the examination of recruits for the line and militia far exceeded that of most line surgeons. "Damnant quod non intelligunt." Transferring the examination of all recruits to line surgeons, where practicable, is not only a source of annoyance to them, since they receive no *solatium* for extra duty, but it is a gross injustice to the militia surgeon, who (and there are many instances) has been thereby deprived of his chief source of income, particularly where his whole time has been absorbed in the service, in the belief that the Government, whatever changes might occur, would always act fairly and honourably; but he has seen his error, which may at least serve as a beacon to his medical brethren.

I am, Sir, yours obediently,
July 21st, 1877. F.R.C.S. (Exam.)

COMMUNICATIONS, LETTERS, &c., have been received from—Sir W. Gull, London; Sir H. Thompson, London; Mr. Barwell, London; Mr. Barker; Mr. Pemberton, Birmingham; Sir C. Trevelyan; Mr. A. de Watteville, London; Mr. Harper; Mr. Holbrook; Mr. Sutton; Dr. Duckworth; Dr. Aisinga, Hackney; Dr. Girvan, Maybole; Mr. Frost, Hartshill; Dr. De Pietra Santa, Paris; Mr. Loch; Mr. Robatham; Mr. Bailey; Mr. Richardson, Rusholme; Dr. Mayer; Mr. Ralston; Mr. Clarke, Newcastle; Dr. Taylor, Cannock; Mr. Strachey; Dr. Murphy; Dr. Bradbury, Cambridge; Mr. Potter; Mr. Rosseter; Mr. Black; Mrs. Greenhill, Poole; Mr. Tusting; Dr. Russell, Glasgow; Dr. Blackett; Mr. Coates, Prestwich; Dr. Thomas; Dr. Sandford; Mr. Fox; Mr. Boucher; Mr. Fogarty; Dr. Fussell, Brighton; Mr. Sayer; Dr. Neill, Auchtermuchty; Dr. Ingals, Chicago; Dr. Chavasse, Edinburgh; Mr. Maturin; Mr. Lacy, London; Mr. Davies, Cape Colony; Mr. Letty, Yeovil; Mr. Maclure, London; Mr. Davies, Boston, U.S.; Dr. Guppy, Falmouth; Messrs. Gale and Co.; Mr. W. Jones; Dr. Maunsell, Dalkey; Dr. Dunlop; Mr. R. Paramore; Mr. Hilton; Mr. Lucas; Mr. Ross; Dr. Jeaffreson, Framlingham; Dr. Lynch, Killester; Mr. Burdett, Greenwich; Mr. Harrison, Liverpool; Mr. Faulkner, Dublin; Mr. Armstrong, Evertown; Dr. Hobblethwaite, Bawtry; Dr. Coales; Dr. Fox; Signor Chizzalini, Milan; Dr. Hall; Mr. Shaw, Tamworth; Dr. Whipham; Mr. Linney; Dr. Hutchinson, Bishop Auckland; Mrs. De Lisle Allen; Mr. Lawrence; Dr. Green, Alderton; Dr. Martin, Manchester; N. W. P. H.; F.R.C.S. Exam.; Medisiner; E. S.; The Registrar-General of Births and Deaths; J. H. W.; W. P.; Medicus, Swansea; A Registered L.R.C.S.; Hyacinth; C. R. N.; R. S.; Scribe; The Registrar-General of Edinburgh; G. P.; Delta; X.; R. M.; C. J. W.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Etches; Dr. Geoghegan, Ambleside; Dr. Stevens; Mr. Piggott; Mr. Farrar; Mr. Lennox Brown; Dr. Drewery; Mr. Baker; Mr. Fitzmaurice; Mr. Rees; Mr. Jones, Liverpool; Messrs. Beman and Co., Upholland; Mr. Heap, Bury; Mr. Jones, Long Melford; Mr. Ray; Colonel Wilson; Mr. Young, Chilton Polden; Dr. Thompson; Messrs. Lavery and Co.; Mr. Tomlinson; Mr. Lewis; Mr. Hardey; Mr. Turner; Dr. Sutcliffe, Torrington; Dr. Atthill, Dublin; Mr. Davies, Aberdare; Dr. Montfort; Mr. Wilkey; Mr. Mills; Mr. Batten; Mr. Brown, Tredegar; Mr. Helmer; Dr. Dobell; Dr. Redwood, Rhymney; J. R., Derby; Reflex; B. C. D.; Z., Pimlico; Delta; T. S. M.; Ezra; W. B. A.; Medicus, Gipsy Hill; A. M. D.; Optimus A.; Physician; M. L. Y., Brighton; M.; X. Y. Z., Louth; Surgicus, Portmadoc; Medicus, Buxton; A. B., Bradford; B., Leeds; Guest Hospital; M. B.; G. S. S., Notting-hill; L. P. C.

Hand and Heart, Irish Times, South London Press, Prescot Reporter, Hornet, Weekly Hampshire Independent, Redruth Times, Sheffield and Rotherham Independent, Times of India, and *Berkshire Chronicle* have been received.

METEOROLOGICAL READINGS

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, JULY 26TH, 1877.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
July 20	29·92	N.W.	51	60	109	70	56	...	Cloudy
" 21	30·03	W.	55	61	110	73	50	...	Fine
" 22	29·83	S.S.W	59	63	94	68	55	...	Cloudy
" 23	29·67	S.W.	61	65	103	70	60	...	Overcast
" 24	29·58	W.	57	62	109	73	56	0·41	Cloudy
" 25	29·92	N.W.	57	64	107	72	53	...	Fine
" 26	29·73	W.	62	63	88	65	56	0·34	Overcast

Medical Diary for the ensuing Week.

Monday, July 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Tuesday, July 31.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Aug. 1.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 3½ P.M.

Thursday, Aug. 2.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Aug. 3.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 4.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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